

The complaint

Mr W has complained about the service he received from Vitality Health Limited when submitting a claim.

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here.

I've focused on what I find are the key issues – our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts. The facts are not in dispute, so I'll focus on giving the reasons for my decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so I agree with the conclusions reached by the investigator for these reasons:

- Having suffered a serious heart condition Mr W submitted a claim to Vitality. He sent the form twice but it was over three weeks later when he called to find out what was happening that he was advised, after 30 minutes holding, what the policy would cover. Mr W wasn't given a promised call back from the cardiac support team and needed to chase more than once to find out what was happening. I can see the claims process was both frustrating and stressful for Mr W. The relevant rules and industry guidelines say that Vitality has a responsibility to handle claims promptly and fairly. I don't find that they did so here and am pleased to note that Vitality has acknowledged this and apologised. I agree some compensation is merited.
- I understand that Mr W feels the payment recommended by our investigator is insufficient to recognise the time spent claiming and the stress that he was caused. But taking everything into account including the timescale and the fact that Vitality funded a consultation that wasn't covered by his policy, I find that a total of £150 is fair in all the circumstances. I see that £100 has already been paid.
- Vitality was entitled to request medical information to assess Mr W's claim.
- I don't find that Mr W was entitled to a refund of all the premiums paid – as any claim covered by the policy whilst Vitality was on risk would have been met.
- For completeness I would add that this decision doesn't cover the sale of the policy.

Putting things right

To resolve this complaint Vitality Health Limited should pay Mr W additional compensation in the sum of £50, if not already paid.

My final decision

My final decision is that this complaint should be upheld.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr W to accept or reject my decision before 19 January 2023.

Lindsey Woloski
Ombudsman