

The complaint

Mr S complains that Vitality Health Limited has asked for his medical information to assess a claim under his private health insurance policy.

What happened

Mr S has a private health insurance policy with Vitality. The policy started on 15 August 2023. It was accepted on full medical underwriting terms, with one medical exclusion applied on the policy.

Mr S made a claim on 16 May 2024 for a hernia. Vitality noted that the GP hadn't commented in the medical report if there was any related or potentially related medical history. So, Vitality asked Mr S to provide this information from his GP, as well as confirmation how many years the GP has access to Mr S' medical records.

Mr S didn't think Vitality acted fairly in doing so. He said the GP had left that section in the report blank as there was no related or potentially related condition. Unhappy with Vitality's position, Mr S brought a complaint to our service. He said he had provided his medical notes when re-joining Vitality in 2023.

One of our investigators looked into what had happened. Having done so, he thought Vitality had acted in line with the terms and conditions of the policy, and fairly and reasonably, in asking for the information it did. So, he didn't think the complaint should be upheld.

Mr S didn't agree with our investigators' findings. As no agreement was reached, the complaint has been passed to me to decide.

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.

Industry rules set by the regulator (the Financial Conduct Authority) say insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules, and other industry guidance, into account when deciding what I think is fair and reasonable in the circumstances of Mr S' complaint.

As our investigator set out, Mr S' policy terms and conditions say that Vitality may require a fully completed claim form, as well as information about a policyholder's medical history from their GP, particularly if claiming in the first one or two years of the policy.

The report from the GP included a section titled "Relevant past medical history", but this was left blank. Mr S says this means there was no relevant past medical history. But I think it can also mean that the GP hasn't checked this. I think Vitality acted fairly and reasonably when it asked Mr S to request his GP to provide details of any related or potentially related medical history and explain how many years the GP has access to Mr S' medical records.

Mr S says he's previously provided medical information to Vitality. Vitality has explained that Mr S' policy was a new policy which started in August 2023. Vitality says it only asked Mr S to declare his medical history, and it didn't request or receive the full medical records from Mr S' GP at this point.

I can only see that Mr S provided information on the issue that is excluded under the policy. I haven't seen evidence that Mr S provided a copy of his full medical records when he took out the policy in August 2023. Vitality has also checked its records and said it only requested and received information relating to the issue that it applied an exclusion for.

Overall, I think it's fair and reasonable for Vitality to ask medical information from Mr S' GP before assessing the claim.

My final decision

My final decision is that I don't uphold Mr S' complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr S to accept or reject my decision before 16 January 2025.

Renja Anderson
Ombudsman