

The complaint

Mr B has complained that, when National Westminster Bank PLC (“NatWest”) changed the travel insurer on its Select Platinum account, he says he was led to believe that the new insurer would cover his pre-existing medical conditions just as the existing travel insurer did.

What happened

From late 2023, NatWest wrote out to its Select Platinum account holders to explain that it was making changes to the benefits on the account. One of the changes being made was that the insurer that provides the travel insurance on the account was changing - with the change in insurers taking effect from 1 February 2024.

Mr B had contacted the previous travel insurer on 17 January 2024 to declare his pre-existing medical conditions, and the travel insurer agreed to cover them. Shortly after this, Mr B booked an expensive overseas trip, that he was due to go on in October 2024. In June 2024, shortly before Mr B was due to go on another trip, the new travel insurer contacted Mr B and asked that he complete a medical questionnaire. After Mr B did this, the new insurer said that it was unable to provide cover for Mr B’s conditions. This left Mr B in the position of either cancelling his holiday or having to seek alternative cover elsewhere.

Unhappy with this, Mr B complained to NatWest. However, NatWest didn’t uphold Mr B’s complaint.

After Mr B referred his complaint to this service, one of our investigators assessed the complaint, but they didn’t think that NatWest had acted incorrectly or unfairly.

As Mr B didn’t agree with the investigator’s assessment, the complaint was referred for an ombudsman’s 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 considered everything, I don’t uphold this complaint. I will explain why.

Firstly, I understand that Mr B says he was told by the previous insurer, that he would be covered by the new insurer for his medical conditions. However, as this complaint is against NatWest and not the travel insurer who he says told him that, that is not something I can consider or address here. So, if Mr B feels that the previous travel insurer gave him misleading information, that is something he will need to take up directly with the travel insurance company in question.

Turning now to NatWest’s involvement in this complaint. Because the Select Platinum account operates on a monthly rolling basis (rather than on an annual or fixed term basis), this means that there are no start and end dates as such. So, as and when NatWest need to make changes to the features on the account (such as change the product provider), it is

inevitable that some account holders who may be relying on such a benefit(s), may be negatively affected by any changes made.

Because of this, NatWest is required to inform affected account holders of any changes that are due to be made, and clearly set out what options they have, to ensure they can make an informed decision. And NatWest is required to send out such notification with reasonable notice, so as to give affected account holders a reasonable amount of time to consider their options.

In this case, NatWest has provided evidence to show that it had sent out its notification to Mr B about the change in travel insurer, on 15 November 2023. Given that the change was due to take place with effect from the start of February 2024, I think that this amount of notice is reasonable and consistent with the amount of notice that banks generally provide when making changes to packaged accounts.

Turning now to the contents of the notice, I'm satisfied that it provided a reasonable explanation about what changes were taking place; when it would take place; and what options were available to account holders. The notification also explained what will happen with account holders who had already paid for an upgrade with the existing insurer. Which in summary, was that they would continue to be covered by the existing insurer up until the upgrade expired, at which point the new insurer would then write out to them to explain how they could upgrade their cover with the new provider.

In this case, Mr B says he did have an upgrade with the existing insurer that expired in June 2024. So he says that he wouldn't have known until then if the new insurer would cover his medical conditions. Mr B says that he booked his October 2024 trip in January 2024, thinking that the cover for his pre-existing medical conditions would be continued with the new insurer.

However, looking at the documents that NatWest sent Mr B, I can't see anything that said, or even suggested, that his conditions may be covered by the new insurer. Indeed, NatWest won't have known whether the new insurer would cover his conditions or not, because the decision to do so depends very much on Mr B's specific medical circumstances and the individual insurer's underwriting criteria. So even if Mr B had asked NatWest (rather than the existing insurer) at the time, I don't think that it would've been able to give a firm answer either way as to whether the new insurer would cover his conditions. If Mr B wanted to be sure that he'd still be covered by the new insurer, then he would've been able to have contacted the new travel insurer from 1 February 2024 to check whether it would be able to cover him, once his existing upgrade expired. And looking at what the FAQ documentation that was issued at the time said, it said that when an existing upgrade expires, the new insurer would contact the account holder and will tell them how to purchase a new upgrade. And that is what happened. So, I'm satisfied that the correct process was followed.

So overall, whilst I sympathise with the position that Mr B found himself in, I can't see that NatWest had provided Mr B with any misleading information to suggest that the new insurer would cover his pre-existing medical conditions once his existing upgrade expired. And whilst I appreciate that Mr B would've liked to have known in January 2024, whether the new insurer would cover him, that was not something that NatWest would've likely been able to have answered for Mr B at the time. That was something only the new insurer would've been able to confirm, and only once the medical screening process had been followed.

I recognise that Mr B says he did check with the existing insurer about whether the new insurer would cover him for his medical conditions, once the existing upgrade expired. But as

outlined above, I can't reasonably hold NatWest responsible for anything that the previous insurer may've told Mr B.

My final decision

Because of the reasons given above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 17 April 2025.

Thomas White
Ombudsman