

The complaint

Mrs P has complained that Unum Ltd declined a claim she made under a group income protection policy.

What happened

Mrs P has the benefit of a group income protection policy through her employer. The policy will pay benefit after a deferred period of 26 weeks if the definition of incapacity is met. The definition is that the member is unable by reason of their illness or injury to perform the material and substantial duties of their insured occupation and are not performing any occupation.

Mrs P became absent from her role on 28 July 2023. Unum declined her claim because it didn't find that Mrs P satisfied the policy definition during the 26-week deferred period. It said that the evidence showed that she had been successfully treated, and the evidence didn't show she was functionally restricted from performing her own occupation. Unhappy Mrs P referred her complaint to our Service.

The investigator didn't recommend that it be upheld. They didn't find that Unum had treated Mrs P unfairly.

Mrs P appealed. She said that Unum hadn't seen all the relevant medical evidence and that the medical records it had used to assess her claim weren't up to date. The investigator sent two documents to UNUM for comment – a histology report and a GP letter. Unum didn't alter its stance – it said that the documents didn't detail how Mrs P's ability to carry out insured role was restricted during the deferred period. Mrs P said that she would continue to gather more evidence.

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.

Firstly, I'm aware I've summarised the background to this complaint and some sensitive medical details. No discourtesy is intended by this. Instead, I've focused on what I find are the key issues here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts. If there's something I haven't mentioned, it isn't because I've ignored it. I'm satisfied I don't need to comment on every individual argument to be able to reach what I think is the right outcome. I've fully reviewed the complete file.

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

- The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. So I've considered, amongst other things, the law; the terms of the insurance contract; and the available evidence, to decide whether I think Unum treated Mrs P fairly.

- It is not in dispute that Mrs P underwent an appendectomy on 28 July 2023 and that during the surgery a low-grade mucinous neoplasm of the appendix was discovered. During investigation an intra muscular lipoma was detected in her thigh/retroperitoneum. I do not doubt that this was a very difficult, stressful and worrying time for Mrs P and continues to be so. However, a report written by Dr C a Consultant General and Collectoral surgeon in September 2023 said that she had fully healed, although did have some ongoing abdominal discomfort but that there were no other concerns. In October 2023 Dr T, a Consultant Physician, reported that his colleagues in the lung cancer team had reviewed the results of a CT scan and reassured Dr T that no further imaging, follow up or intervention was required.
- I haven't disregarded the fact that Mrs P's GP continued to sign her off work and that Occupational Health (OH) was of the opinion that she was unfit for work. In September 2023 OH reported that Mrs P wasn't fit for work and recommended a review appointment in two months. The November 2023 review also concluded that Mrs P wasn't fit to work as she was recovering from surgery. It was felt that this may continue for six months. A further review was recommended in four weeks. At the December review a further four-week review was recommended as the conclusion was that Mrs P still wasn't fit to return to work. A phased return to work wasn't recommended in January either as Mrs P was still deemed unfit for her role. In February it was reported that Mrs P was still in pain and was struggling with her mental health. She was managing the basic activities of daily living with support from her family and could walk for half an hour before tiring. The report concluded that she was likely to continue to get symptoms that stop her working whilst she has her condition.
- I accept too that Mrs P suffered ongoing pain and medication was prescribed for this and for depression and anxiety. However what is relevant here is the policy's definition of incapacity. Mrs P has said that her ability to concentrate and sit comfortably or walk or stand for long period are compromised due to ongoing symptoms. But on balance I don't find that it was unfair or unreasonable for Unum to conclude that the medical evidence didn't show, or explain why, Mrs P was unable to perform that material and substantial duties of her occupation throughout the deferred period – from 28 July 2023 until 26 January 2024 and beyond. It reached this conclusion in February 2024. I have read Mrs P's GP's letter of 3 September 2024. It is helpful as it gives more detail than the fit notes. Nevertheless I don't find that it was unfair for Unum to conclude that the letter didn't set out any details as to how Mrs P's ability to function was restricted during the period in question. It follows that in all the circumstances I don't find it was unfair or unreasonable for Unum to decline Mrs P's claim when it did.
- Mrs P has said that Unum hasn't seen all the medical evidence and of course it is open to her to submit further evidence to Unum for its consideration. I recognise that Mrs P will be disappointed by my decision and I'm sorry that it doesn't bring welcome news.

My final decision

For the reasons given above, and despite my natural sympathy, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs P to accept or reject my decision before 28 July 2025.

Lindsey Woloski
Ombudsman