

The complaint

Mr W complains that Zurich Assurance Ltd (Zurich) unfairly declined his application for a five-year term assurance policy. He believes the decline was unreasonable given his medical position and says Zurich either made an incorrect underwriting decision or discriminated against him because of his age.

What happened

In November 2024 Mr W applied to Zurich for £80,000 of level term life cover for a period of five years. Zurich requested and received a medical report from Mr W's GP surgery. After considering the information in that report, Zurich declined the application.

Mr W was unhappy with this decision. He felt Zurich had relied on historic alcohol-related entries which were no longer relevant, and on memory concerns that had been checked by his GP and found not to be an issue. He also noted that three other insurers, all provided with the same medical information, offered him cover on standard terms, including policies with longer durations. Mr W contacted Zurich directly, including speaking with an underwriter, and remained dissatisfied with the explanations he was given.

Zurich maintained that it had followed its underwriting process correctly and that the decision to decline was based on the information available at the time. As the complaint could not be resolved, Mr W referred the matter to this service.

One of our investigators reviewed the complaint. The investigator concluded that, while the decision had clearly caused Mr W upset, Zurich had been entitled to reach its own underwriting decision and had not acted unfairly or unreasonably in doing so. Mr W did not agree with that view. In particular, he felt Zurich had accepted that alcohol was not a valid reason for decline, and that declining cover following precautionary cognitive checks was not a fair or legitimate assessment of risk. He therefore asked for an ombudsman's final 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.

I would like to begin by acknowledging the strength of feeling behind Mr W's complaint. I understand why being declined for life cover, particularly for a relatively short term, was upsetting and distressing for him. I also appreciate why comparisons with other insurers' decisions, and the reassurance he received from his GP, have led him to question Zurich's approach. None of that is lost on me.

However, it is important to explain the role and limits of this service. We are not the Regulator and we do not replace an insurer's underwriting function. Insurers are entitled to decide for themselves whether they will offer cover, and on what terms, provided they do so in a way that is lawful, consistent, and not unfair or unreasonable. Different insurers can – and often do – reach different conclusions when assessing the same medical information.

The fact that other providers offered cover does not, by itself, mean Zurich's decision was wrong.

My role is not to decide whether I agree with Zurich's underwriting judgement, nor to assess Mr W's health independently. Instead, I must consider whether Zurich took account of relevant information, followed its process, and reached a decision that it was entitled to reach based on its own risk appetite.

In this case, Zurich initially referred to both alcohol history and memory-related entries in the GP report. It later clarified that alcohol was not determinative of the decline and that the decision rested on the recorded memory concerns and the absence of follow-up at the time the application was assessed. I appreciate that Mr W strongly disagrees with the weight Zurich placed on those records, particularly given that he sought medical advice as a precaution and was reassured following cognitive testing. I also accept that he feels this discourages people from responsibly seeking medical checks.

That said, I am satisfied that Zurich's decision was based on information contained in the GP report and on its assessment of uncertainty around the cause and progression of the reported symptoms. While Mr W considers that uncertainty to be resolved, Zurich was entitled to take a more cautious view. Importantly, Zurich did not permanently bar Mr W from cover and indicated it would reconsider its decision if further information or follow-up evidence was provided.

I have also considered Mr W's concern about age discrimination. Having reviewed the evidence, I have not seen anything to suggest that Zurich declined the application because of Mr W's age, rather than because of the medical disclosures recorded. Declining cover on the basis of health-related information, even where the applicant is over 50, is not in itself discriminatory if it is applied consistently and in line with underwriting practice.

I recognise that this outcome will be disappointing for Mr W, particularly given the time and emotional energy he has invested in pursuing this matter. But I do not find that Zurich acted unfairly, unreasonably, or outside its commercial discretion in declining the application when it did.

My final decision

For the reasons I have explained, I do not uphold this complaint. I do not require Zurich Assurance Ltd to take any further action or make any award.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr W to accept or reject my decision before 10 February 2026.

Farzana Miah
Ombudsman