

## **The complaint**

Mr M is unhappy that Unum Ltd stopped paying a claim he made on his employer's group income protection policy.

## **What happened**

Mr M successfully claimed on his employer's group income protection scheme following symptoms associated with several health issues including chronic fatigue and long Covid. Unum were paying the claim but decided to terminate it following a review of the claim which included a review by a nurse and surveillance.

Mr M complained to Unum as he didn't think they'd treated him fairly. However, Unum maintained their decision was fair in the circumstances. Unhappy, Mr M complained to the Financial Ombudsman Service.

Our investigator looked into what happened and concluded Unum had fairly terminated the claim based on the available evidence, including the medical evidence and surveillance report.

Mr M didn't agree and asked an ombudsman to review his complaint. In summary, he didn't think that Unum had given adequate weight to the medical conditions he was diagnosed with and the symptoms he presented with. He highlighted what he considered to be multiple inaccuracies in the handling of the claim and other information which had been taken out of context. So, the complaint was referred to me to make a 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.

At the outset I acknowledge that I've summarised this complaint in far less detail than Mr M has, and in my own words. I won't respond to every single point made. No discourtesy is intended by this. Instead, I've focussed on what I think are the key issues here.

The rules that govern our service allow me to do this as we are an informal dispute resolution service. If there's something I've not mentioned, it isn't because I've overlooked it. I haven't. I'm satisfied I don't need to comment on every individual point to be able to fulfil my statutory remit.

Unum accepted Mr M's claim and it's been in payment for some time. It's for Unum to demonstrate that they've reasonably terminated the claim and that Mr M no longer met the definition of incapacity.

I have a lot of empathy for the circumstances Mr M has described – it's clear he's had a very

difficult time in relation to his ongoing health issues. However, whilst I'm sorry to disappoint Mr M, I'm satisfied that Unum's decision to terminate the claim was fair and reasonable in all the circumstances.

I say that because:

- Unum made their decision to terminate the claim in May 2024 a few days prior to updated medical information being provided by Mr M. This had been requested from Mr M via a nurse specialist. I'm satisfied Unum's review of Mr M's appeal included the relevant information which he provided in May 2024, including updates from consultants he'd seen. That's reflected in the notes of the claim review.
- Unum has confirmed that all but one of the reports was reviewed, and that report would not have changed their view of the claim. I've looked at the relevant report, from a neuropsychologist, and I'm not persuaded that the contents of the report contains evidence of such weight that it means the decision to terminate the claim was unreasonable.
- The report confirms that Mr M's intellectual ability, memory and visual spatial ability were all intact. Whilst there was some 'mild change' in the speed of responses when there was an increased demand on Mr M's attention the assessor said he was accurate. In reaching that conclusion I bear in mind that Unum's review included information from other relevant specialists, including a consultant neurologist. So, overall, I'm satisfied that Unum's position that the report doesn't change their view of their decision to decline the claim is reasonable.
- I think Unum reasonably concluded there were discrepancies between Mr M's reporting of his functionality and his abilities as presented in the surveillance footage. I think that was reasonably considered within the context of Mr M's known diagnoses and the available medical evidence which didn't support a pathological explanation for some of the symptoms Mr M reported. I don't think that was an unreasonable position for Unum to take based on the information provided.
- I'm not persuaded that Unum have reviewed the evidence and only relied on selective information to decline the claim. I'm satisfied Unum has conducted a fair review of the available evidence, with appropriate input from their medical team, before concluding that the claim should be terminated. I appreciate that Mr M strongly disagrees with that decision, but I think Unum have fairly reached that decision.
- It's clear that Mr M has experienced symptoms and a number of health challenges. However, in order for the claim to continue to be paid, the policy definition of incapacity needs to continue to be met. I'm satisfied that Unum has reasonably demonstrated that the claim is no longer payable in the circumstances of this case.

### **My final decision**

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M to accept or reject my decision before 12 December 2025.

Anna Wilshaw  
**Ombudsman**