

The complaint

Mr N complains that Unum Limited declined to pay a claim he made on his critical illness policy.

What happened

The history to this complaint is well known to the parties, so I won't repeat all the details here. In brief summary, through his employer, Mr N had critical illness cover with Unum. In October 2024, Mr N made a claim for a stroke. But Unum declined to pay the claim, saying Mr N didn't meet the full policy definition of stroke.

Mr N came to the Financial Ombudsman Service, but our investigator didn't uphold the complaint. So Mr N asked for an ombudsman to review everything and issue a 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.

Having done so, I'm not upholding this complaint. I know this will be very unwelcome news for Mr N and I'm sorry about that. I'll explain my decision, focusing on the points and evidence I consider material to the outcome. So, if I don't refer to a specific point or piece of evidence, it's not because I haven't read and thought about it. Rather, I don't consider it changes things.

For his claim to succeed, Mr N needed to meet the definition for stroke as set out in his policy terms and conditions. That is:

Stroke

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull that has resulted in all of the following evidence of stroke:

- *Neurological deficit with persisting clinical symptoms lasting at least 24 hours, and*
- *Definite evidence of death of tissue or haemorrhage on a brain scan*

For the above definition, the following are not covered:

- *Transient ischaemic attack*
- *Traumatic injury to brain tissue or blood vessels*
- *Death of tissue of the optic nerve or retina / eye stroke*

There's no dispute that Mr N suffered a stroke. But Unum says the evidence doesn't show that Mr N experienced neurological deficit with persisting clinical symptoms lasting at least 24 hours.

The evidence shows that Mr N sustained a right vertebral artery dissection when placed in a headlock during sport. He reported sudden pain in his right neck with a pop sound. He described some numbness, which resolved within two minutes.

A couple of days later, again during sport, Mr N reported sudden bilateral hearing loss with tinnitus, lasting about 30 seconds, blurred vision and also mild unsteadiness for the rest of the evening. Scans subsequently showed he had sustained a right occipital and right cerebellar infarcts.

The following morning, Mr N had a telephone consultation with a Bupa GP. The consultation summary records the reason for booking the appointment as, *'my vision is a bit weird and yesterday night felt dizzy and had a ringing noise.'* The summary further records:

*'No palpitations/sob, feels better but has a mild headache, mild photophobia, doesn't feel has any blurred vision anymore, just feels a little lightheaded, no numbness/weakness in face/limbs, no slurred speech, no problems with walking.
'O/E sounds well, speaking clearly and coherently.'*

Under Impression/Plan, the summary states, *'?sudden onset hearing loss/blurred vision – now resolved ??TIA. Advised needs to attend A&E urgently for f2f assessment.'*

At A&E later that morning, following a scan, a diagnosis was recorded as 'ischaemic stroke suspected' and Mr N was transferred to a stroke unit. Here, a National Institute of Health Stroke Scale (NIHSS) score of 0 was recorded, less than 24 hours after Mr N's symptom presentation the evening before. Mr N was kept in overnight and discharged the following day. The discharge summary noted that he was *'seen today during the rounds with return back to baseline neurological function.'*

Mr N subsequently saw Consultant Neurologist, Dr H, on three occasions. In April 2024, Dr H notes:

'The neurological examination is normal. He has no cerebellar signs and no homonymous field defect.'

In June 2024, Dr H notes that Mr N 'remains well'. He confirms that the right occipital and right cerebellar infarcts were visible on an MRI scan arranged after the first consultation in April. There is no reference to any examination findings or current symptoms.

In September 2024, Dr H states:

'[Mr N] is very well and has had no new symptoms. He has no residual effects from the right occipital and right cerebellar infarcts. He has no visual disturbance or incoordination, and is back doing sport.'

Dr H said he was not arranging a routine review but would be pleased to see Mr N again if there were any new problems.

In November 2024, Dr H provided a medical report in connection with Mr N's claim, summarising his contact with Mr N between April and September 2024. There was no new clinical examination. In the report, Dr H states:

'[Mr N] has recovered very well following the stroke but still has minor incoordination as a result of the areas of cerebellar infarction.'

Mr N has also cited the time he was off after the stroke as evidence to support his claim. I've seen two GP Statements of Fitness for Work, in February and March 2024, which state that Mr N is unfit for work because of stroke. However, the statements provide no additional detail of any neurological deficit.

I've noted that Unum referred Mr N's case to its medical officer, Dr T, for advice. Dr T said that in the case of Mr N's presentation, the contemporaneous medical evidence repeatedly and consistently, over a considerable duration, noted absence of persistent neurological deficits, based on subjective reporting and objective clinical examination findings.

Dr T also said the newer evidence from Dr H, in November 2024, was a retrospective account and did not provide an explanation for the departure from the contemporaneous medical evidence.

And by way of explanation, Dr T advised that a NIHSS of 0 indicates there are no observable stroke symptoms, suggesting that the patient has not experienced any significant neurological impairment from the stroke.

I appreciate Mr N feels very strongly about his claim. My role is to determine if the decision Unum made was fair and reasonable. And overall, I think Unum did assess the claim fairly, relying on the contemporaneous medical evidence to conclude that Mr N hadn't met the full policy term necessary to qualify for a critical illness payment.

I'm therefore not going to ask Unum to do anything further in respect of this complaint. Once again, I'm sorry to send unwanted and disappointing news to Mr N.

My final decision

For the reasons given above, I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr N to accept or reject my decision before 24 July 2025.

Jo Chilvers
Ombudsman