

The complaint

Miss L complains that AXA PPP Healthcare Limited declined a claim under a private health insurance policy.

What happened

Miss L has been represented by Mr L on this complaint.

Mr L holds a private health insurance policy through his employer. He added Miss L on the policy on 1 August 2024 with moratorium underwriting. This meant that any pre-existing conditions she'd had in the five years before taking out the policy were excluded for at least the first two years.

Mr L contacted AXA on 15 August 2024 to make a claim for Miss L. She had recently gone through traumatic events and Mr L wanted a referral for her for counselling.

AXA declined the claim. It said that the private GP notes referred to Miss L's behaviour changes in recent months, which meant the condition was pre-existing as these changes pre-dated the policy start date. AXA also said Miss L's GP had referred to her having had symptoms for the "past few weeks". And as the appointment date on the form was 14 August 2024, AXA considered the symptoms to pre-date the policy start date.

Mr L didn't think AXA had acted fairly and reasonably. He said the claim related to events which happened in August 2024. And the behaviour changes that were mentioned were normal for teenagers, and not relevant to the claim.

One of our investigators reviewed the complaint. Having done so, she didn't think AXA had acted fairly or reasonably when it said Miss L's condition was pre-existing. In short, she was more persuaded that the behaviour changes were normal for teenagers, and AXA hadn't shown these related to her claim. And the GP had signed the form on 21 August 2024 when they referred to symptoms for the "past few weeks". She thought it was more likely that this meant the symptom start date was within the policy cover period. So, she thought AXA should accept the claim without considering the condition as pre-existing.

AXA didn't agree with our investigator's findings. As no agreement was reached, the complaint has been passed to me to decide.

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.

Industry rules set out by the regulator (the Financial Conduct Authority) say insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules, and other industry guidance, into account when deciding what I think is fair and reasonable in the circumstances of Miss L's complaint.

The policy defines a pre-existing condition as follows:

“A pre-existing condition is any disease, illness or injury that:

- you have received medication, advice or treatment in the five years before the start date of your cover, or*
- you have experienced symptoms of in the five years before the start of your cover: whether or not the condition was diagnosed.”*

The key issue here is if Miss L had experienced symptoms of the condition she was claiming for prior to 1 August 2024. And the onus is on AXA to show the exclusion applies.

Miss L’s GP noted that the claim was for “mental health – trauma, [traumatic events]”. AXA has referred to the private GP notes which refer to “behaviour change in recent months”, Miss L had been “more angry than usual” and “not her usual self”. But the notes also refer to behaviour such as smoking, vaping and drinking. I haven’t seen anything to suggest that these behaviours are linked to the traumatic events.

Our investigator referred to the NHS website about teenagers which says that *“many of the common behaviour issues that parents find hard are an essential part of puberty and growing up”*. Mr L also referred to Miss L’s symptoms becoming apparent, or more apparent, in a call on 30 August 2024 – which led to discovering the traumatic events. I think this suggests there was a change that led to the claim.

Fundamentally, based on what I’ve seen, I think Miss L’s claim for mental health stems from the events, and the resulting impact, that took place around the time the traumatic events were discovered by her parents around 11 August 2025. And I think this is supported by the Medical Information Form her GP completed (rather than the private GP).

I can see that the GP referred to a first consultation having taken place on 14 August 2024. But the GP wrote underneath this “private GP”. So, I don’t think Miss L’s own GP assessed her on that date. In fact, the GP signed the form on 21 August 2024. I think this date should be used when considering how long the GP noted Miss L as having had symptoms – they said “past few weeks”. I think this timeline is vague and can be subjective. But I think it can be reasonably interpreted to mean two or more weeks. So, I don’t think this form supports that it’s more likely than not that Miss L’s symptoms pre-dated the policy start date.

Overall, I’m not satisfied AXA has shown that it’s more likely than not that Miss L’s condition was pre-existing as per the policy terms. So, I think it should accept the claim on that basis.

My final decision

My final decision is that I uphold Miss L’s complaint and direct AXA PPP Healthcare Limited to accept and consider the claim without applying the exclusion for pre-existing conditions.

Under the rules of the Financial Ombudsman Service, I’m required to ask Miss L to accept or reject my decision before 18 July 2025.

Renja Anderson
Ombudsman