DRN-5606731

The complaint

Miss N has complained that Unum Ltd declined a claim made under her group critical illness policy.

What happened

The background to the complaint is well known to the parties so I won't repeat it in detail here. In summary Miss N made a claim under her group critical illness policy having been diagnosed with a rare, serious and debilitating condition.

Unum declined her claim as her condition wasn't one covered by the policy. Unhappy Miss H referred her complaint to our Service. Our investigator didn't recommend that it be upheld. She was satisfied that Unum had fairly assessed Miss N's claim but that her condition wasn't one covered by her policy.

Miss N appealed.

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.

Although I've summarised the background to this complaint and the sensitive medical details I have considered all the evidence and submissions carefully. In this decision though I've focused on what I find is the key issue. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts.

The 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 relevant law, the policy terms and the available evidence, to decide whether I think Unum treated Miss N fairly.

Having done so, and although I recognise that Miss N will be very disappointed by my decision, I agree with the conclusion reached by the investigator. I'll explain why.

Miss N submitted a claim for vertebrobasilar insufficiency. This wasn't a critical illness covered by either the base cover or extra cover under Miss N's policy, which is a group policy selected by her employer. Miss N then asked for three other conditions to be considered.

Unum fully considered the medical evidence in order to see if any policy definitions were satisfied. It considered the claim in accordance with the definitions of stroke, multiple sclerosis and benign spinal cord tumour. Miss N didn't satisfy the policy definitions for these three conditions.

I fully appreciate Miss N's submission that her condition is so rare that it would not feature on any shortlist of conditions, but that it is equally serious. I should say that there is no doubt

about the veracity of Miss N's claim or as to the seriousness of her condition. But Miss N's condition is simply not covered by her policy terms, which aren't unusual and were selected by her employer. This being so I don't find that Unum treated her unfairly by declining her claim.

I'm very sorry that my decision doesn't bring Miss N welcome news.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss N to accept or reject my decision before 8 August 2025.

Lindsey Woloski
Ombudsman