

The complaint

Miss C complains BUPA Insurance Limited wrongly collected policy premiums when she was not a member, and has refused to provide a refund.

What happened

Miss C took out a private medical insurance policy in May 2023. The policy is underwritten by BUPA.

Shortly after taking out the policy, BUPA sent Miss C a letter and pack of information, including the policy terms and conditions. Within this letter it asked her to complete and return a form providing information about her medical history.

BUPA sent a further letter to Miss C in June 2023, and again in August 2023, stating the medical history form had not been received and asking her to return it.

Miss C's policy renewed in May 2024, and ahead of this, BUPA sent her a renewal letter in March 2024. Within this letter BUPA stated:

"Important: We've still not received details of your medical history. This means we may be unable to pay your claims quickly. We need you and anyone covered on your policy to complete the enclosed form and send it back to us as soon as you can. If you've recently done this, thank you. You don't need to do anything else."

In September 2024, Miss C contacted BUPA to make a claim. And BUPA advised it still needed the medical history form to be completed and returned before it could progress a claim. And after it received this information, it added an exclusion to her policy.

Miss C complained to BUPA about the exclusion added to her policy. And she said she had been told she wasn't a member, so she wanted to know why premiums had been taken before this.

BUPA apologised about the condition / symptoms recorded in error as an exclusion on the policy. It offered £50 as a gesture of goodwill for the mistake and said it had corrected the exclusion. And BUPA said Miss C had been a member since May 2023, but it had not received the medical history information it needed before it could progress any claims.

Unhappy with the response, Miss C brought her complaint to this service. She said she thought BUPA should not have collected premiums from her before she was a member and wanted these to be refunded.

An investigator here looked into what had happened. They said they thought Miss C had been on cover since her policy was inception in May 2023. And said they didn't think BUPA had done anything substantially wrong.

BUPA made no comment on the investigator's view. However Miss C disagreed. She maintained she had not been a member prior to returning her medical history form, and said BUPA should not have taken her premiums.

Miss C asked for a decision from an Ombudsman, and so the case 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.

I've also considered the relevant industry rules, which say an insurer must handle claims promptly and fairly and shouldn't unreasonably reject a claim. And it should provide reasonable guidance to help make a claim with appropriate information on progress.

Having done so, I've decided not to uphold this complaint for the following reasons:

- The evidence shows BUPA requested Miss C's medical history on three occasions between May and August 2023 and again in March 2024 before her policy renewed. In all of these communications the insurer stated that the medical information form was required, and that there could be a delay in any claims made or in confirming cover and treatment without this information.

I'm satisfied BUPA communicated clearly to Miss C in terms of what it needed and also set out the consequences of not supplying this information. And I'm satisfied it used the correct contact details for its communications.

- When Miss C contacted BUPA to request treatment, there was a delay in this being confirmed and arranged. BUPA told Miss C it first needed the completed the medical history form. This is in line with what BUPA had previously told Miss C would happen if she needed to use her policy and hadn't returned the required information. And I find it reasonable that BUPA needed information about Miss C's medical history, considering this is a private medical insurance policy.
- Miss C's point of view is that she was told she was not a member until she returned the medical history form, so she says BUPA should not have taken her premiums and should refund them. BUPA says what its staff had meant by 'not a member' was that it could not confirm to Miss C what she was covered for, and treatment could not be arranged, whilst the medical history information was outstanding. It confirmed Miss C was a policyholder since May 2023.

Neither party has provided me with any evidence of the exchange in which BUPA told Miss C she was 'not a member'. However BUPA has not disputed this was said. And I think its explanation is reasonable, in that whilst Miss C was a policyholder, she was unable to utilise her policy until the medical history information was provided.

I've seen evidence that Miss C's policy was inceptioned in May 2023, and renewed again the following year. So I'm satisfied that the policy was in place and BUPA was on risk in relation to any claims Miss C needed to make since May 2023. And because of this, I don't think BUPA needs to refund any premiums. Had Miss C needed to make a claim at any time since May 2023, I'm persuaded that BUPA would have assessed it after she provided her medical history form.

- Once BUPA received the medical history information, it made an error with adding an exclusion to the policy. Miss C brought this mistake to BUPA's attention. It corrected the error and offered her £50 in compensation which she accepted. And I'm satisfied this was sufficient to put things right in the circumstances.

My final decision

For the reasons I've given, it's my final decision that I do not uphold this complaint and I make no award against BUPA Insurance Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss C to accept or reject my decision before 20 October 2025.

Gemma Warner
Ombudsman