

The complaint

Mr J is unhappy that Liverpool Victoria Financial Services Limited ('LV') has declined to consider further medical evidence after his policy was cancelled.

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here. I'll focus on giving the reasons for my 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.

I'm really sorry to read of the circumstances which have given rise to Mr J's claim. I have a lot of empathy with the circumstances he's described in relation to his health and the financial impact of losing his income.

The policy terms and conditions say:

You can choose to cancel your policy, although you should think about it carefully before doing so. If you decide to do this, your policy will end, you won't be covered, and you won't get anything back.

LV declined to consider medical evidence Mr J provided after the cancellation of his policy in support of a claim that they'd previously declined. I'm not upholding his complaint because:

- The policy terms make it clear that cover ends once the policy is cancelled. So, there's no requirement for LV to consider Mr J's claim further once cover has ended.
- I think LV have reasonably relied on the policy terms when declining to consider Mr J's further evidence as there is no policy in place.
- I've considered whether it's fair and reasonable to direct LV to depart from the policy terms and conditions. In reaching that conclusion I've considered what Mr J has said about his financial circumstances leading to the cancellation of the policy. However, I don't think it's reasonable to direct LV to continue to offer the benefit of cover when they've not been receiving premiums. Furthermore, the medical evidence is dated around 18 months after the cancellation of the policy. So, whilst I have a lot of empathy with Mr J's circumstances, I don't think it's fair to direct LV to reassess the claim when the policy is no longer in place.
- I appreciate that Mr J and LV have continued to engage with each other since the cancellation of the policy. However, I note that Mr J has had other complaints which were ongoing after the policy was cancelled. And I don't think this means that it's fair to direct LV to consider the further medical evidence.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr J to accept or reject my decision before 7 October 2025.

Anna Wilshaw
Ombudsman