

The complaint

Mr S is unhappy that Legal and General Assurance Society Limited has declined a claim he made on an income protection policy.

What happened

Mr S became absent from work and claimed on his employer's group income protection policy.

Mr S made a claim on an income protection policy. Legal and General declined the claim.

Mr S appealed the decision but Legal and General's position on the claim didn't change. They maintained their view that Mr S's absence was due to workplace stress and declined the claim. Mr S made a complaint to the Financial Ombudsman Service.

Our investigator looked into what happened. She didn't think Legal and General had acted unreasonably when declining the claim, considering the available evidence. Mr S didn't agree and asked an ombudsman to review the complaint. In summary, Mr S felt the medical evidence and other information that had been provided supported that he had a valid claim under the policy.

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 very sorry to read of the circumstances which led to Mr S making a claim under the policy. It's clear that he was having a very difficult time and experienced a number of unpleasant symptoms, including panic attacks. I have a lot of empathy with the circumstances he's described.

The relevant rules and industry guidelines say that Legal and General have a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

The policy terms and conditions say that there is cover if the insured person can't work due to incapacity throughout the deferred period.

The relevant definition of incapacity is 'own occupation'. It says:

A member is incapacitated if an illness or injury prevents them from performing the essential duties of their occupation.

I'm not upholding Mr S's complaint because:

- It's for Mr S to demonstrate that he has a valid claim under the policy. It's not for Legal and General to prove he doesn't. Overall, I'm not persuaded that Mr S has demonstrated he had a valid claim under the policy.

- I think Legal and General reasonably concluded that Mr S was absent from work due to situational workplace issues. That's consistent with the contemporary medical evidence which consistently referred to ongoing workplace issues as being the cause of his absence. Therefore, I think they fairly concluded the barrier to Mr S was workplace issues, rather than illness.
- I'm satisfied Legal and General assessed Mr S' claim in line with the policy terms, including the duties of his own occupation.
- I think it was reasonable for Legal and General to instruct a Vocational Clinical Specialist. I think that was done with the intention of understanding the reasons for Mr S's absence and to obtain an independent opinion. So, I don't think Legal and General treated Mr S unfairly by requesting this.
- In any event, I don't think Legal and General's failure to obtain Mr S' medical records from his GP significantly impacted the outcome of the claim. I've considered the more recent medical evidence Mr S has provided. But I still think it's reasonable for Legal and General to conclude that workplace issues caused the absence in the circumstances of this case. There are references throughout the medical history to workplace issues. I don't think it's unreasonable, on balance, to consider those issues to have triggered Mr S' absence. So, Mr S' representations on this point haven't changed my thoughts about the overall outcome of the complaint.
- Furthermore, I don't think the medical notes provide compelling or persuasive evidence as to why Mr S couldn't carry out his own occupation. The notes suggest the main barrier to Mr S returning to work were the issues with his employer, as opposed to his inability to carry out the essential duties of his occupation. That includes, for example, a clear explanation as to why he wouldn't be able to carry out his own occupation for a different employer.
- I don't think there has been procedural unfairness during the assessment of the claim in the way Mr S has suggested. When Mr S appealed the original decision to decline the claim, I'm satisfied that Legal and General considered his grounds for doing so fairly. They clarified that they didn't dispute that Mr S was experiencing symptoms but didn't agree that they affected his functional capability to the extent that he was incapacitated. I think that was reasonable and I don't agree it undermines the basis of the decision to decline the claim. Rather, I think Legal and General were setting out their position following the appeal made by Mr S.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr S to accept or reject my decision before 16 October 2025.

Anna Wilshaw
Ombudsman