

The complaint

Ms R's complained that ReAssure Life Limited haven't dealt fairly with the claim she's made on her critical illness policy.

What happened

Ms R bought a life and critical illness policy from a company I'll call S. The policy is now administered by ReAssure.

Ms R's health has declined in the years since she bought the policy to the extent that she can't work and finds day to day tasks difficult. So she made a claim on the critical illness section of the policy.

Like all policies of this type, Ms R's policy provides cover for a number of specific conditions. This doesn't include the conditions from which she suffers. So the claim was considered under the total and permanent disability (TPD) section.

To meet the TPD policy criteria, Ms R had to be unable to perform at least three of eight specified "activities of daily work". ReAssure requested medical evidence from Ms R's GP and consultants. But this didn't give them the data they needed to decide if Ms R met those criteria. So they invited her to attend an assessment so they could gather what was needed.

Ms R said she couldn't attend an assessment because one of the conditions from which she suffers (mast cell activation syndrome (MCAS)) means she can suffer from life threatening allergic reactions. She didn't want to put herself at risk of having such a reaction. ReAssure offered to have the assessment conducted remotely via videolink or at Ms R's GP surgery. But Ms R wasn't reassured that the first would be safe for her. And her GP declined the use of their premises for an assessment.

ReAssure said that, unless the assessment could be completed, they couldn't decide whether the claim should be paid. It remains at a standstill.

Ms R complained but ReAssure didn't change their position. So Ms R brought her complaint to the Financial Ombudsman Service. Our investigator reviewed the information provided and concluded ReAssure didn't need to do anything different to resolve the complaint. While he acknowledged Ms R's concerns about the process, he said it was fair for ReAssure to want to assess her against the policy criteria. And they'd made reasonable efforts to do that, having regard to Ms R's health concerns.

Ms R didn't agree with our investigator's view. So the matter's been passed to me to make a 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.

Having done that, I'm not upholding Ms R's complaint. I'll explain why. I'm grateful for the effort she's made to provide comprehensive information about her conditions, the claim and the complaint. But I'll focus on the points and evidence I consider material to my decision. So if I don't mention something in particular, it's not because I haven't thought about it. Rather, it doesn't change the outcome of the complaint.

We expect insurers to deal with claims fairly and reasonably. Generally, that means we consider whether ReAssure have assessed Ms R's claim as they would any claim they receive under the same part of the policy. In this case, the policy document sets out the test that needs to be met. It defines disability as:

"Where the Relevant Life Assured is insured on an Activities of Daily Work basis, and the Relevant Life Assured is unable to carry out at least three Activities of Daily Work as a result of accident or illness."

The activities of daily work are:

- *Bending*
- *Climbing*
- *Communicating*
- *General health*
- *Lifting*
- *Manual dexterity*
- *Reading*
- *Walking*

I think it's reasonable for ReAssure to want to be satisfied that Ms R meets this definition – and that is permanent – before making any payment on her claim.

It's not unusual for claims of this type to be assessed by way of a face to face assessment carried out on behalf of the insurer. But I can see in this case that ReAssure first considered Ms R's medical records to see if they contained the information they needed. They only moved onto requiring an assessment after those records didn't give them what they needed. I think that was fair.

Ms R's complained that ReAssure have breached the Equality Act 2010 by not adjusting their process to accommodate her needs. I've considered this. But it's not within our remit to decide if the law's been breached – that's a matter which would need to be considered by the courts. So, while I've taken the Act into account, my decision is based on whether ReAssure have acted fairly and reasonably.

I've seen that ReAssure did offer to make adjustments for Ms R's condition once it became clear they couldn't decide her claim on the basis of the documentary evidence they received.

I understand that Ms R wants to feel safe during any assessment. But that doesn't mean that I can reasonably say ReAssure should deal with it exactly as Ms R wants. She's said it should be completed by an expert in MCAS. But she's also explained that there are hardly any of these experts. This means it would be very difficult to arrange an assessment with one of them. So I don't agree ReAssure treated Ms R unfairly given they suggested alternative options for the required assessment.

I think the options ReAssure offered were a sincere attempt to complete the assessment in circumstances in which Ms R felt comfortable – by offering for it to be completed in her own home or at her GP's surgery. And I've seen no evidence that ReAssure wouldn't advise any assessor they appointed of the factors they'd need to take into account when assessing

Ms R or that care wouldn't be taken to try and prevent her having a bad reaction to the assessment. But I can't fairly say the claim should be paid without any assessment of whether she meets the criteria.

I hope that a way will be found to complete an assessment of Ms R's condition. But, as things stand, I don't think ReAssure need to do any more to resolve this complaint.

My final decision

For the reasons I've explained, I'm not upholding Ms R's complaint about ReAssure Life Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms R to accept or reject my decision before 25 November 2025.

Helen Stacey
Ombudsman