

The complaint

Mrs F and Mr W complain that Sesame Limited mis-sold a life and critical illness policy to them.

What happened

Mrs F and Mr W took out a life and critical illness policy with an insurer in 2013. They applied for a new policy in 2018 and in 2023 Mrs F claimed on it following a diagnosis of breast cancer. The insurer declined the claim as they said Mrs F hadn't accurately disclosed her family history of breast cancer.

Mrs F complained to Sesame about the sale of the policy as she said she'd disclosed her family history in 2013 and 2018. Sesame didn't uphold the complaint as they said that there was no way the agent could have known that the health questionnaire hadn't been completed correctly. And they highlighted the insurer had sent a copy of the application form to confirm the information was correct. Unhappy, Mrs F complained to the Financial Ombudsman Service.

Our investigator looked into what happened and didn't uphold the complaint. She didn't think there was enough evidence to demonstrate the agent had made an error and that Mrs F had an opportunity to correct the error when the insurer sent through the policy information.

Mrs F didn't agree and asked an ombudsman to review the complaint. In summary, she asked whether the company who had visited her had been investigated and whether the agent had been spoken to. She also questioned why it had taken so long to make the decision if it was clear cut and had asked for proof of information related to the 2013 application.

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 hear of the circumstances which led to Mrs F making a claim. I have a lot of empathy with what she's said about the emotional and financial impact that she's experienced as a result of her diagnosis, treatment and her claim being declined. I fully appreciate it has been a very difficult time and that she's experienced both stress and hardship.

Sesame is responsible for the sale of the policy as the sales agent was acting as their appointed representative. Sesame were providing advice about the policy and therefore they needed to ensure that it was suitable for Mrs F's demands and needs. And they needed to give her enough information about the policy so she could decide if it was right for her.

The key issue for me to determine is whether Sesame were most likely responsible for the incorrect information being recorded during the application process.

I'm sorry to disappoint Mrs F but I'm not upholding this complaint. I say that because:

- I'm not persuaded that, on the balance of probabilities, there's sufficient evidence it was the agent's fault that the information about her family history led to one of the questions being answered incorrectly and the claim being declined.
- I accept it's possible the agent made a mistake, but I don't think there's enough evidence to demonstrate that is most likely what happened. There are other equally possible reasons why the application form wasn't accurate, including that Mrs F made an error when completing the questions with the agent. So, I don't think it's fair and reasonable to conclude it is most likely the agent made an error.
- I've considered carefully what Mrs F has said about disclosing her family history in 2013. I can see that she did and I accept that. However, the 2018 application was a new application and I wouldn't usually expect the advisor to consult or check the new application against the previous one. And, in any event, I think there are other reasons why it's not fair to uphold the complaint.
- The insurer sent Mrs F a copy of the policy information, including information about the medical screening questions. It explained that this needed to be checked to ensure it was correct. Mrs F didn't notify the insurer that there was an error on the application form. So, even if I accepted there was an error made by the agent, I think Mrs F had a fair opportunity to check the information was correct.
- As I've outlined above Sesame is responsible for the complaint rather than the business who visited Mrs F at home. As the agent visited Mrs F several years ago I'm not persuaded there's significant value in asking the agent if they recall why the question was answered in that way, bearing in mind the passage of time.
- I appreciate that Mrs F feels Sesame asked for information about the 2013 policy when it ultimately didn't matter and that it took a while for her to receive a decision from them. However, I don't think it was unreasonable for Sesame to ask for this information, as it was something Mrs F had mentioned as part of the complaint process. Sesame responded to Mrs F's complaint within the eight week period set out by the regulator once the complaint was referred to them by Mrs F directly. And, in any event, complaint handling isn't a regulated activity in its own right. So, these points haven't changed my thoughts about the overall outcome of this complaint.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs F and Mr W to accept or reject my decision before 10 February 2026.

Anna Wilshaw
Ombudsman