

## **The complaint**

Miss C and Mr H complain following National Westminster Bank Public Limited Company (NatWest) changing the provider of the travel insurance policy provided as a benefit to their packaged bank account.

This complaint has been brought by both Miss C and Miss H, but as Miss C has been leading in this complaint, and for ease, I've referred to her throughout.

## **What happened**

The circumstances of this complaint will be well known to both parties and so I've summarised events.

Miss C is covered under a travel insurance policy provided as a benefit to her packaged bank account with NatWest. The policy was underwritten by an insurer I'll refer to as Insurer A.

Miss C completed a medical declaration with Insurer A, and her son's medical conditions were covered as an upgrade to her policy at no extra cost. In October 2022 Miss C received two letters about her upgrade expiring and needing to be renewed. However, Miss C has said the letters provided conflicting information about what steps she needed to take, and so she believed the upgrade would continue as before unless anything had changed.

In 2023 NatWest wrote to Miss C to make her aware the travel insurance provider was changing to another insurer, who I'll refer to as Insurer B.

In March 2024 Miss C said she spoke with Insurer B to declare a medical condition. She said she mentioned in passing that her son's condition had remained the same, but was told by Insurer B it had no record of any conditions being declared for her son. She declared her son's condition and paid a premium to cover this under her policy.

Miss C raised a complaint as she was unhappy with the way NatWest had communicated about cover for medical conditions. She said it had failed to make her aware medical disclosures weren't being passed to Insurer B, and that they would need to be declared again for cover to be provided.

On 29 April 2025 NatWest issued Miss C with a final response to her complaint. It said Miss C didn't have an active medical upgrade at the time the insurance provider was changed, and so only basic information would have been passed to Insurer B. It said it sent Miss C correspondence in November 2023 about the change in provider, advising her to make sure the policy would still meet her needs. It said it acknowledged the situation was disappointing to Miss C so paid her £70 to cover the cost of the upgrade to cover her son's medical conditions and sent a gift hamper. Miss C referred her complaint to this Service.

Our Investigator looked into things but didn't uphold the complaint. He said if Miss C was unhappy with the communication she received about the medical upgrade in 2022 she would need to raise this as a separate complaint with Insurer A. He didn't think NatWest had made

an error and so didn't recommend it needed to do anything further.

Miss C didn't agree with our investigator. She provided a detailed response but in summary she said:

- She didn't agree Insurer A were responsible for the two letters she was sent in October 2022, and believed these were the responsibility of NatWest.
- The communication she had received was that she needed to contact NatWest if there had been a change in circumstances, and as there hadn't been, she had a reasonable expectation that cover was still in place for her son's medical condition.
- NatWest had a responsibility to make its customers aware that previously declared information wouldn't be transferred over to Insurer B, and that a new medical declaration would be necessary.

As an agreement couldn't be reached, the complaint 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 want to acknowledge I've summarised Miss C's complaint in less detail than she's presented it. I've not commented on every point she has raised. Instead, I've focussed on what I consider to be the key points I need to think about. I mean no discourtesy by this, but it simply reflects the informal nature of this Service. I assure Miss C and NatWest I've read and considered everything that's been provided.

When deciding this complaint I've taken into consideration the relevant rules, industry guidance and Consumer Duty, alongside what I consider to be fair and reasonable in all of the circumstances.

The crux of Miss C's complaint is that NatWest didn't provide clear communication about the change in travel insurance provider, and the impact this would have on previously declared and covered medical conditions.

I can see NatWest sent Miss C an email in November 2023 to make her aware that in February 2024 the provider of her travel insurance policy was changing from Insurer A to Insurer B. This email advised Miss C to read the documentation attached and the importance of checking the account from time to time to make sure it still met her needs.

The email also included a link to a leaflet detailing the changes to Miss C's account benefits. The leaflet explained if the insured had an active upgrade, they would still be covered until it's expiry, and then Insurer B would contact them to discuss purchasing a new upgrade. It also explained who the insured should contact if they wished to change or buy a new upgrade, and which insurer the upgrade would be provided by.

Based on the information provided, I'm satisfied NatWest provided Miss C with clear and appropriate information about the change in the provider of her travel insurance policy. I'm also satisfied the decision to change the insurance provider was a business decision NatWest are entitled to make, and it isn't one I intend to interfere with.

It seems confusion has arisen due to Miss C being under the impression she had an active upgrade covering her son's medical conditions at the time the policy was being transferred

from Insurer A to Insurer B. If this had been the case, Miss C's upgrade would have continued until its expiry, and then Insurer B would have contacted her to discuss purchasing a new upgrade.

However, I'm satisfied Miss C's upgrade had expired in October 2022. Ultimately Miss C's requirement to re-declare her son's medical conditions wasn't due to NatWest's decision to change insurance provider, but because the policy upgrade had expired. And so, if Miss C wanted cover for her son's medical conditions, she would have needed to renew the medical upgrade when it expired in October 2022.

Miss C has said she was sent two letters in October 2022 which gave her the reasonable expectation her son's medical conditions would continue to be covered unless there was a change in circumstances. Whilst I acknowledge these letters were on NatWest headed paper, I'm satisfied these letters were sent by Insurer A, and were Insurer A's responsibility. NatWest has provided correspondence with Insurer A where Insurer A confirms it sent the letters to Miss C.

Additionally, I've reviewed the terms and conditions of Miss C's policy with Insurer A. I can see the terms state:

*'Where **we** agree to cover a medical condition **we** will apply those terms for the following 12 months (or until the expiry of any existing upgrade or endorsement, whichever is sooner) so long as there is a valid Platinum account under which you are entitled to receive the benefit of this **policy** and **you** have paid any premium due. At the end of this period **we** will send you a letter; **you** must then call in again so that **we** can ensure **your policy** continues to meet your needs.'*

'We' is defined in the policy as Insurer A. So, I think the terms are clear that it will be Insurer A who will send a letter at the end of the 12 month period. Therefore, if Miss A is unhappy with the contents of the letters she received in October 2022, she would need to raise this separately with Insurer A.

Whilst I acknowledge Miss C has been caused distress when she learned her son's medical conditions hadn't been covered, I don't think this was due to an error by NatWest. I also think it's communication in relation to the change in insurance provider was clear, appropriate, and provided in good time.

NatWest has covered the cost of Miss C's recent policy upgrade and sent Miss C a hamper. I know the hamper Miss C was sent contained nuts, which I think NatWest should have been aware wouldn't be appropriate given Miss C's son's medical conditions include a nut allergy. However, given I don't think NatWest made an error, I think it paying for Miss C's policy upgrade is more than reasonable. So, in all the circumstances, I don't require NatWest to do anything further in relation to Miss C's complaint.

### **My final decision**

For the reasons I've outlined above, I don't uphold Miss C and Mr H's complaint about National Westminster Bank Public Limited Company.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss C and Mr H to accept or reject my decision before 7 January 2026.

Andrew Clarke  
**Ombudsman**