

The complaint

Mr W complains about Unum Ltd's decision to turn down his income protection claim.

What happened

Mr W is covered under his employer's group income protection policy with Unum. The aim of the policy is to pay benefit in the event Mr W can't work in his role due to incapacity. The policy has a deferred period of 26 weeks.

In November 2023, Mr W stopped work due to depression and anxiety. He made a claim, but Unum turned it down. Unum didn't think Mr W was incapacitated, according to the policy definition. Unhappy with this, Mr W brought a complaint to this service.

I issued a provisional decision on 3 November 2025. Here's what I said:

'I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.'

Industry rules set out by the regulator (the Financial Conduct Authority) say insurers must not unreasonably reject a claim. I've taken these rules, and other industry guidance, into account when deciding what I think is fair and reasonable in the circumstances of Mr W's complaint.

For a claim to be paid, Mr W needs to meet the following definition of incapacity throughout the 26-week deferred period and beyond:

'A member is incapacitated if we are satisfied that they are:

- Unable, by reason of their illness or injury, to perform the material and substantial duties of the insured occupation...'*

The policy says: 'Insured occupation means the trade, profession or general role that the member was actively undertaking for you immediately prior to incapacity.'

This is a job specific definition, and so Mr W needs to show that he can't do his particular role with his employer, rather than the occupation with any employer.

I've considered the medical evidence throughout the deferred period of 21 November 2023 to 21 May 2024.

In June 2023, Mr W reported to his GP that he was experiencing low mood and was feeling stressed and overwhelmed at work. He'd seen a private GP through work but still wasn't sleeping, despite being given medication. It was noted the pace of his work was too much for him to keep up with. He was prescribed antidepressant medication and was signed off work for just over a week.

It's not clear to me if Mr W then returned to work (he says he didn't), but he had a three-month sabbatical arranged over the summer which he went ahead with. He reported an improvement to his mood in July 2023 and confirmed he would be travelling abroad (during the sabbatical).

In October 2023, Mr W had returned from his travels. He told his GP he felt that when he wasn't at work, his anxiety was ok. He hadn't had a panic attack for three months. But he was worrying all the time.

Mr W returned to work on 1 November 2023, in a different role. Initially, he told his GP this had gone well. Though on 21 November 2023, he said he felt an improvement with the medication but had a cold and took a day off work which left him feeling anxious. A few days later, he stopped work completely.

The GP signed Mr W off work with depression and anxiety. He started cognitive behavioural therapy (CBT) privately in November 2023, and he said his therapist had advised him to take some time away from work. He said his mood had dipped since not being in work, but it had helped his sleep and anxiety. The GP increased his antidepressant medication. It was increased further in January 2024.

In February 2024, Mr W told his GP he was tired all the time and had no motivation to do anything. It was noted his psychologist (though I believe this should say psychotherapist) thought he may have attention deficit hyperactivity disorder (ADHD). Though in March 2024, his GP said that Mr W was more positive and eating better, had lost some weight and was going to the gym. They said he had off days if he didn't sleep well.

In February 2024, Mr W had a psychiatric assessment with a consultant psychiatrist (Dr R). Dr R wanted to carry out a formal ADHD assessment, and this took place in April 2024. Mr W was confirmed to have ADHD at this time.

Mr W started seeing Ms K (cognitive behavioural psychotherapist) in November 2023. I've read her reports.

In one report which is undated, but received by Unum in July 2024, Ms K explained that Mr W was experiencing several mental health issues, including low mood, severe anxiety and panic attacks. She said that during their initial assessment, signs of ADHD were observed, and this had since been confirmed. Ms K said Mr W had started taking medication prescribed for ADHD and this was being closely monitored. She concluded by saying he wasn't currently stable enough to return to work due to the recent start of his medication and ongoing presenting symptoms.

I understand Unum told Mr W that Ms K's report only focused on the present time, rather than the deferred period. So, he asked Ms K for another report.

In a second report dated 17 October 2024, Ms K provided further explanation. She said Mr W was presenting with multiple interconnected mental health challenges, and these were significantly impacting his daily functioning and quality of life, both at home and at work. She gave an overview of his symptoms, and how these impacted his ability to work, which I've summarised below:

- *His anxiety was such that he struggled to leave the house, and on several occasions, had driven to work only to remain in the parking lot and unable to enter the workplace.*

- *He had reported difficulties with routine tasks, and these difficulties presented at work too where he found himself overwhelmed by even minor tasks, and his concentration was impaired especially when looking at screens or reading documents for more than 30 minutes.*
- *He struggles with cognitive overload, particularly when required to maintain focus for extended periods. This impacted his productivity at work, where he found it hard to organise tasks and prioritise effectively.*
- *He avoids social situations, including work-related interactions.*

Ms K concluded by saying that Mr W's mental health difficulties were having a clear impact on his ability to attend and perform at work. She said when he was able to attend work, he felt easily overwhelmed, particularly by tasks requiring prolonged concentration or organisation. She said this had affected his ability to perform and may be contributing to further workplace anxiety or stress.

My conclusions

Unum says that Mr W's anxiety symptoms are long-standing and there's no details about what changed before he stopped work in November 2023.

Mr W has explained that he had experienced mental health challenges for several years before 2023 but had been able to manage these and continue to work. He says that in May 2023, he began experiencing insomnia and anxiety attacks, which he attributed to high workloads and unsustainable pressure in his particular role at work. This led to him being signed off work in June 2023, but then he went ahead with his planned sabbatical. Mr W says he improved whilst on his sabbatical and felt positive about returning to work in November 2023. His employer was allowing him to return to a different role, that was less pressured.

Mr W says that after he returned to work in November 2023, his anxiety attacks returned even though he was in a different role. His GP then signed him off work again.

There's very little information available from Mr W's employer. Though we know that Mr W's job was changed by his employer to give him a role with less pressure just before he stopped work entirely. It seems to me that this clearly supports that Mr W was struggling with managing his mental health symptoms whilst working before November 2023, and that his employer was aware of this.

After Mr W was signed off work in November 2023, his antidepressant medication continued to be increased, and he told his GP that his therapist thought he needed to take some time away from work. He continued to have sessions with Ms K throughout 2024.

Unum's company medical officer (CMO) is a psychiatrist. She said that based on the severity of symptoms outlined by Ms K, she would have expected a more intensive therapy, such as weekly or twice weekly sessions. She pointed out the frequency of sessions were a lot less, and there was a long break between April and July 2024.

Whilst it seems the CMO didn't agree with the treatment plan that Ms K arranged for Mr W, crucially, she hasn't disputed Ms K's view that the symptoms he was experiencing prevented him from working.

Although Ms K referred to Mr W not being able to work in July 2024 due to the start of his ADHD medication, she also referred to his ongoing presenting symptoms. Her later letter of

October 2024 set out quite clearly that she thought Mr W's symptoms were complex and severe, and affected his ability to work. Given that Ms K has been treating Mr W throughout the deferred period and beyond, I find her comments to be the most persuasive.

Taking everything into account, I think Mr W has provided sufficient medical evidence to support that he meets the policy definition of incapacity. I therefore intend to require Unum to pay the claim.

Mr W has explained how he has been impacted by Unum's decision to turn down his claim. He lives alone and has a mortgage to pay, so not having an income has caused him significant worry and financial difficulties. I understand he's gone into a large amount of debt on credit cards. He's had to rely on family members to help pay his mortgage and has also needed to rent out a room in his home to bring in some income. I'll address the compensation I intend to award for this below.

Mr W is also unhappy about Unum's handling of his claim, particularly that it didn't ask Ms K for information when assessing his claim, and the length of time it took Unum to deal with the claim.

I see that Mr W told Unum that he had had limited contact with his GP after starting therapy with Ms K in November 2023. Despite this, Unum didn't contact Ms K for her opinion on his ability to work before making a claim decision. Whilst I appreciate it was for Mr W to prove his claim, I would expect Unum to reach out to a treating specialist when assessing a claim, rather than just the GP. Though I see Unum did then contact Ms K for information after Mr W appealed against its initial claim decision and this didn't alter its view, so I don't think this made a significant difference overall.

After Unum received Ms K's report in July 2024, it assessed this together with the other medical evidence and let Mr W know in early September 2024 that it was maintaining its decision to decline his claim. So, it took Unum around six weeks to do this, which is perhaps a little longer than I would expect, but I don't think this was a significant avoidable delay.

I intend to require Unum to pay Mr W £1,000 compensation. This is to recognise the significant impact to him caused by its decision to turn down his claim, that I've outlined above.'

I asked both parties for any further comments they wished to make before I made a final decision.

Unum responded with the following main points:

- The evidence reflects Mr W was functioning whilst on a sabbatical, but when faced with the stresses of work upon his return, his mood dipped and he went absent.
- His sessions with his therapist were inconsistent with large gaps. During the times with no contact with his therapist, there's no evidence that his mental health deteriorated.
- The therapist reports are based on Mr W's self-reporting with no concerns being raised with the GP and no escalated next steps confirmed.
- There is no clinically supported medical evidence that supports Mr W was functionally restricted.

Mr W responded with the following main points:

- He fully accepts my provisional decision.
- He has queried what direction I can give Unum going forwards in terms of reviewing the claim (what the process will be, how frequently the reviews will take place, and what the criteria will be). He would appreciate guidelines I can set out for Unum to follow or alternatively tell him what processes I consider to be reasonable.
- Unum's assertion that his treatment should have been more intensive completely ignores the context of his conditions, and the reality of obtaining treatment for mental health issues. Access to CBT/talking therapies and to assess ADHD through the NHS is extremely limited and subject to long delays. Therapy for his depression, anxiety and sleep disorders was covered by his private healthcare provider but was also subject to limits. The provider authorised 20 sessions, and so Ms K recommended that the appointments be spaced out initially and then paused whilst he had an assessment for ADHD.
- He thinks it's completely unreasonable for Unum to expect claimants to have the weight of evidence necessary for a claim to be accepted during the deferred period, given the difficulties in accessing mental health treatment through the NHS. He was fortunate to have had access to private healthcare, though Unum still didn't accept that medical evidence as sufficient unless the notes contained specific assessments of functionality relative to duties and responsibilities of a person's role.
- He had provided a report to this service which hadn't been shared with Unum, and therefore was not relied on by us. He thinks it should be as he considers that it further supports his incapacity. He says he didn't undergo the assessment earlier because he wasn't aware of the benefit of doing so.
- He pointed out some typos in my provisional 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 so, I've reached the same conclusions as set out in my provisional decision. I'll explain why.

I would agree with Unum that Mr W appeared to be functioning whilst on his sabbatical (though he did report continuing to worry all the time), but then his mental health deteriorated again after he tried returning to work.

Unum has again made the point that Mr W's sessions with Ms K were inconsistent with gaps in the treatment. Mr W has addressed this in his response to my provisional decision. He explains that he was able to see Ms K through his private medical insurance provider, but they only authorised 20 sessions and so the treatment was spaced out because of this. Ms K also wanted Mr W to have an ADHD assessment before continuing with the remainder of his sessions.

Whilst Unum says there's no evidence that Mr W's mental health deteriorated in the gaps between his sessions with Ms K, there's also no evidence that it improved sufficiently for him to return to work. The information from Ms K was clear that she thought Mr W was

experiencing severe mental health issues and this impacted his daily functioning, including at work.

Unum says that Ms K's reports were based on Mr W's self-reporting. I appreciate that Ms K was reliant on Mr W's self-reporting as to how his symptoms impacted him and his particular work tasks, though this is usually the case when someone has a mental health condition. Ms K made it clear she thought Mr W's mental health difficulties were having a clear impact on his ability to work. There was no suggestion that she didn't believe Mr W's explanation of how he was impacted, or that she thought he was exaggerating.

It's not clear to me what clinically supported medical evidence Unum wants to see in order to accept that Mr W meets the policy definition of incapacity. He was having secondary care throughout the deferred period with a psychotherapist, and Ms K has made it clear that she thought Mr W's symptoms prevented him from working and the reasons for that. I therefore remain satisfied that Mr W has provided sufficient evidence to support his incapacity, and so Unum should accept the claim.

As Mr W has said in response to my provisional decision, he did provide this service with a further report (from Dr R, a consultant psychiatrist). Unum hasn't seen this report and therefore I didn't rely on it in my provisional decision. In any event, I was satisfied the other available evidence was sufficient for me to require Unum to accept the claim, and so I didn't share the report with Unum. Although Mr W wants me to take the report into account, I won't be doing so for these reasons.

Mr W has asked what direction I can give Unum in terms of reviewing his claim going forwards. However, I can't tell Unum what to do in the future. The policy explains that Unum regularly reviews claims in payment and will request any information needed to do this. It also says that benefit payments will continue so long as the medical and other relevant evidence supports a claim. In other words, as long as Mr W continues to be unable to work and the medical evidence continues to support this, the claim should remain in payment.

Though it may be helpful if I explain that when initially making a claim, it's the claimant's responsibility to show they meet the policy definition of incapacity. However, if an insurer decides to stop paying a claim, the responsibility switches to the insurer to show the claimant no longer meets the policy definition of incapacity.

I've noted Mr W's correction of the typos in my provisional decision. I apologise for any confusion caused. I've corrected these in the provisional decision I've included as part of this final decision.

My final decision

My final decision is that I uphold this complaint. I require Unum Ltd to accept the claim in line with the policy terms and pay backdated benefit due from the end of the deferred period. Interest should be added at the rate of 8% simple per annum from the date each benefit payment was due to the date of settlement*.

I also require Unum Ltd to pay Mr W £1,000 compensation for the distress and inconvenience caused**.

* If Unum considers that it's required by HM Revenue & Customs to take off income tax from that interest, it should tell Mr W how much it's taken off. It should also give Mr W a certificate showing this if Unum asks for one, so he can reclaim the tax from HM Revenue & Customs if appropriate.

**Unum must pay the compensation within 28 days of the date on which we tell it Mr W accepts my final decision. If it pays later than this, it must also pay interest on the compensation from the deadline date for settlement to the date of payment at 8% a year simple.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr W to accept or reject my decision before 18 December 2025.

Chantelle Hurn-Ryan
Ombudsman