

The complaint

Mrs P complains Unum Ltd (Unum) has declined the claim she made under her income protection insurance policy.

What happened

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

Mrs P holds two income protection policies, both provided by Unum. One with a deferred period of 26 weeks and another with a deferred period of 52 weeks. In February 2024 Mrs P's GP signed her off work due to stress. Mrs P submitted a claim to Unum under her income protection policy.

In September 2024 Unum declined Mrs P's claim. It said as it was unable to confirm that Mrs P had an illness preventing her carrying out her insured occupation it had declined her claim. Mrs P raised a complaint about Unum's decision.

On 31 December 2024 Unum issued Mrs P with a final response to her complaint. It said it didn't think the evidence provided showed Mrs P's symptoms were of such severity that it would prevent her from returning to work. It said it didn't think Mrs P had satisfied the policy definition of incapacity and so it didn't uphold her complaint. Mrs P referred her complaint to this Service.

Our Investigator looked into things. She said she thought Unum had fairly concluded that Mrs P hadn't met the policy definition of incapacity and so it was reasonable for it to decline her claim.

Mrs P didn't agree with our Investigator. She provided a detailed response but in summary she said that based on the evidence provided, it was unreasonable to conclude she was able to perform the material duties of her occupation during the deferred period.

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 Mrs P'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 Mrs P and Unum I've read and considered everything that's been provided.

The relevant rules and industry guidelines explain Unum shouldn't unreasonably reject a claim.

The terms of Mrs P's policies define incapacity as:

'The Life Insured is unable to carry out the Material and Substantial Duties of his occupation because of illness or injury.'

One policy includes a 26 week deferred period and the other a 52 week deferred period. This means Mrs P would need to be continuously incapacitated for 26 weeks or 52 weeks before any benefit would be paid.

The onus is on Mrs P to prove her claim. So, this means Mrs P needs to show, through medical evidence, she met the policy definition of incapacity throughout the deferred period and beyond.

Unum has said it is aware Mrs P raised concerns about her memory, but the medical evidence showed Mrs P had undergone standard memory testing which didn't indicate her memory was of concern. It also said whilst the evidence confirmed Mrs P was being reviewed by specialists, was signed off by her GP and increased her medication, it doesn't support Miss K's symptoms were of such a severity that it would preclude her from returning to work.

Based on the medical evidence provided, I think this was a reasonable conclusion for Unum to come to and I'll explain why.

Unum asked its Chief Medical Officer (CMO), who is a qualified psychiatrist, to review Mrs P's medical records and provide their comments. They've said they didn't think there was evidence to support a definite functional decline in relation to Mrs P's reported low mood. They believed Mrs P's presentation was stress induced given an ongoing investigation at Mrs P's workplace and the possible impact on her career.

I've reviewed the medical evidence available and I think this was a reasonable conclusion for Unum's CMO, and subsequently Unum to reach.

Whilst I acknowledge Mrs P was diagnosed with a moderate depressive disorder, and her medication was increased, a diagnosis of an illness wouldn't automatically mean Mrs P met the policy definition of incapacity. To meet the policy definition of incapacity, the medical evidence would have to show the symptoms of Mrs P's illness meant she was unable to carry out her job role.

Whilst the GP notes make reference to Mrs P's low mood, they don't go into detail about Mrs P's symptoms and why this would mean she would be unable to carry out her occupation. Similarly, I've not seen persuasive evidence from a specialist providing their opinion on Mrs P's symptoms and her ability to carry out her job role during the deferred period of her claim.

Unum's CMO also provided their opinion on Mrs P's memory concerns. They said Mrs P didn't present with symptoms or signs to support a neurological condition or dementia. They said the consultant neurologist who saw Mrs P in December 2024 didn't note any neurological symptoms of concern.

I think this is a reasonable assessment of the medical evidence available to Unum. Mrs P's medical records show that in May 2024 she scored six out of six on a cognitive impairment test. The occupational health report from June 2024 says the physician carried out a cognitive assessment and the score Mrs P achieved wouldn't trigger a referral to the memory clinic. The MRI Mrs P had carried out didn't highlight any concerns.

The consultant neurologist in December 2024 has said Mrs P has developmental

neurodiversity, which was likely ADHD. However, it's clear from the report this is something they believed Mrs P has had for some time. And his report doesn't go into detail about why Mrs P's symptoms were now impacting her ability to carry out her job role when she had been able to carry out her job role previously.

So, taking all of this into consideration, I think it was reasonable for Unum to conclude that Mrs P hadn't demonstrated that she had met the policy definition of incapacity throughout the deferred period of the policy. Therefore, I don't think it was unreasonable for Unum to decline Mrs P's claim.

Mrs P has said given her circumstances, the GP notes don't necessarily give a true reflection of her symptoms at that time. She also said that there was an element of her 'playing down' her symptoms but that the actions taken by her GP show she had concerns about Mrs P.

I acknowledge what Mrs P has said, but ultimately Unum are entitled to base its claim decision on the medical evidence available to it. And I'm satisfied it has fairly considered the medical evidence when reaching its decision on Mrs P's claim for the reasons I've explained.

Mrs P has also raised issues with the conclusions reached by Unum's CMO. For example, she disagrees with the suggestion her memory concerns only became apparent following her being signed off of work when the evidence provided suggests otherwise.

I can see within the medical records, Mrs P is consistent that her memory issues have existed prior to her being signed off work by her GP, and I don't disbelieve what Mrs P has said. However, ultimately, I don't think this changes things. I'm satisfied Unum have carried out a full review of Mrs P's medical records when deciding her claim, and I think the decision it has reached on Mrs P's claim is a fair one in the circumstances.

I'm aware following Unum's final response Mrs P has had a further occupational health assessment and has been offered ill-health retirement. However, this is new evidence which was unavailable to Unum when it made its decision on Mrs P's claim. So, if Mrs P wishes for Unum to consider this, she would need to provide this evidence to Unum in the first instance.

I naturally empathise with Mrs P given the difficult period she has been through. However, for the reasons I've set out, I think Unum have acted fairly when it declined Mrs P's claim and so I don't require it to take any further action in relation to her complaint.

My final decision

For the reasons I've outlined above, I don't uphold Mrs P's complaint about Unum Ltd.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs P to accept or reject my decision before 7 January 2026.

Andrew Clarke
Ombudsman