

The complaint

Mr T's complained that Legal and General Assurance Society Limited ("L&G") shared incorrect information with his employer following his claim for total and permanent disability.

What happened

Mr T's employer – which I'll call P - provides him with critical illness cover as a benefit of his employment. L&G provide the policy to P.

For several years, Mr T has suffered from chronic pain in different areas of his body. This in turn causes further issues, including (but not limited to) brain fog, fatigue and headaches. He hasn't been fit for work for much of this time and unfortunately sees little possibility of that changing. So he submitted a claim to L&G.

The critical illness policy provided by L&G doesn't specifically cover Mr T's condition. But his claim was assessed under the cover provided for total and permanent disability (TPD). L&G reviewed medical evidence and commissioned an occupational health report to help them in their assessment. Having done that, they declined Mr T's claim as they concluded he didn't meet the policy definition of TPD.

A few weeks after the claim was declined, P contacted L&G to clarify the definition applied in his claim. Mr T believed that TPD cover was provided on an "own occupation" basis, whereas he'd been assessed on an "any occupation" basis. L&G confirmed the correct policy definition was "any occupation". P subsequently asked L&G if the claim would also have been declined on an "own occupation" assessment. L&G said the claim hadn't been assessed on that basis but, if it had been, it also wouldn't have met the policy definition.

Mr T didn't challenge L&G's decision to decline his claim. But he complained that they'd commented on whether he'd have met the policy definition if he'd been assessed on an "own occupation" basis. He was most concerned that the information they'd given P was factually incorrect and said the main barriers to his return to work were the long hours and commute, not the pain he suffers and its consequences.

In their response, L&G said the occupational health report they'd obtained provided a lot of details about Mr T's situation and the length of his commute and hours weren't the only reasons it referred to. And they reiterated they'd not assessed Mr T's claim on an "own occupation" basis.

Mr T wasn't satisfied with L&G's response and brought his complaint to the Financial Ombudsman Service. Our investigator reviewed the information provided by both parties and concluded L&G didn't need to do any more to resolve it. He noted that, in this case, the policyholder – and therefore the entity entitled to ask L&G for information – was P. It was reasonable for L&G to answer the questions P asked them. And, while he recognised Mr T's concerns about how P might use the information, he couldn't say L&G were wrong to provide it.

Mr T didn't agree with our investigator's view. So the matter's been passed to me to make a final 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 Mr T's complaint. I know he'll be disappointed by this outcome and I'm sorry about that. I hope it will help if I explain the reasons for my decision.

Before I could say L&G should do any more to resolve Mr T's complaint, I'd need to be satisfied that they'd done something wrong – and that what they'd done had had a negative impact on him. I don't think that's the case here.

Mr T doesn't dispute that L&G can share information with P – his concern is that the information they've shared isn't an accurate reflection of his position and suggests the barriers to him returning to work are the hours his job involves and his commute to work, rather than the daily symptoms he suffers. I've thought carefully about this.

I've read the report L&G commissioned to help them assess the claim. It is lengthy and detailed, including a history of Mr T's issues and discussion of strategies that may help him manage his condition. It concludes that Mr T may be able to undertake some work in future.

The report does refer to the impact long hours and commuting could have on Mr T. But it identifies the main barrier to being able to work as “...*the confidence to work reliably and effectively*” in light of the physical and mental challenges he faces. This wording, and a good deal of other detail from the report, was repeated in L&G's letter declining the claim, which also records the main issues Mr T faced were brain fog, inability to think and fatigue.

I've considered the chain of correspondence ending with the letter Mr T is concerned about. I acknowledge the letter does say:

“It would appear that the main barriers from being able to return to his role are the long commute and long hours...It was the findings of our assessment that with adjustments, Mr T could return to work....”

But this letter was only sent after the decline letter – which provided more detail and context for L&G's decision – had been shared with P. It doesn't supersede the decline letter or change L&G's reasons for declining. So, while I accept it does refer to Mr T's hours and commute as barriers to him returning to work, these aren't the only reasons L&G shared with P. And they reflect the medical evidence they received. So I can't reasonably say the information L&G provided was wrong.

Even if I could say that, I've not been able to identify any detriment to Mr T as a result of L&G providing the information. I appreciate Mr T is concerned that P may use what L&G provided to his detriment at some point in the future.

I sincerely hope that won't happen. But I can only direct redress for something that L&G has done – not something which P might. And so I don't think L&G need to do anything more to resolve Mr T's complaint.

My final decision

For the reasons I've explained, I'm not upholding Mr T's complaint about Legal and General Assurance Society Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr T to accept or reject my decision before 6 February 2026.

Helen Stacey
Ombudsman