

The complaint

Mr B complains Zurich Assurance Ltd (Zurich) has declined the claim he made under a group income protection insurance policy.

What happened

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

Mr B is covered under his employer's group income protection policy. The policy is provided by Zurich. Mr B's GP signed him off of work and so he made a claim under the policy.

Zurich investigated Mr B's claim, which included arranging an independent medical report from a consultant psychologist but in June 2025 it declined it. Zurich said it believed the primary reason for Mr B's absence was personal stressors rather than an illness. So, it didn't think Mr B had met the policy definition of incapacity. Mr B didn't agree and so raised a complaint.

On 15 August 2025 Zurich issued Mr B with a final response to his complaint. It said it was unable to conclude that Mr B's symptoms had resulted in an inability to perform the material and substantial duties of his job role. It maintained its decision to decline Mr B's claim. Mr B referred his complaint to this Service.

Our Investigator looked into things. She said she thought Zurich had reasonably assessed all of the evidence available to it and had fairly declined Mr B's claim.

Mr B didn't agree with our Investigator. He provided a detailed response but in summary he said:

- He had several concerns about the psychologist report Zurich had relied on. He has complained to the Health and Care Professions Council (HCPC) and it is investigating this.
- Zurich didn't assess his claim in relation to the specific duties of his job role. His symptoms meant he was unable to carry out his job role.
- His GP signed him off of work due to clinical anxiety and depression not stress. So the cause of his absence was illness.
- The external life factors noted took place after he was signed off from work. So, this was not the cause of his absence.
- His condition deteriorated which has been shown in the evidence such as a change in his medication and further treatment such as therapy.

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 Mr B's complaint in less detail than he's presented it. I've not commented on every point he has raised. Instead, I've focused 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 Mr B and Zurich I've read and considered everything that's been provided.

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

The terms of the policy Mr B is covered under explain that the policy provides benefit if a member has an incapacity for longer than the deferred period and suffers a loss of earned income.

Incapacity is defined in the policy. The policy states:

'Incapacity or Incapacitated means an illness or injury which causes the Member to be unable to work and is applicable under this policy. The Incapacity definition that applies is in your policy schedule.'

The definition of incapacity which applies to Mr B is the standard definition of incapacity. The policy explains this means a member being unable to perform the material and substantial duties of their employment.

The onus is on Mr B to prove his claim. This means Mr B would need to show, through medical evidence, that he met the policy definition of incapacity throughout the deferred period and beyond.

Zurich considered the medical evidence available, but it wasn't persuaded Mr B met the policy definition of incapacity. So, I've considered whether I think this was a reasonable conclusion for it to reach.

As part of its review of Mr B's claim, Zurich asked Mr B's GP to complete a medical report. In this medical report Mr B's GP said Mr B had been absent from work due to stress, anxiety and depression since October 2024. They said the treatment plan for Mr B was medication and therapy, and that they felt Mr B needed to improve before returning to work.

Following receipt of this report, Zurich arranged for an independent psychological report to be completed by a consultant psychologist. In this report the psychologist has written:

'[1] What is Mr B's diagnosis?

In my view, the issue to be clear about, when considering the possibility of a formal mental health diagnosis, is whether:

[i] Mr B is or has been experiencing an illness that has arisen intrinsically within him (i.e. not due to an outside event or other influence); or as an alternative

[ii] Or instead, he is experiencing a reaction to some form of negative life event (i.e. he is or has been having an emotional experience that is aversive but nonetheless essentially dependent on outside factors)

I believe that in Mr B's case, it is [ii] that applies. I would judge that he would not now meet the criteria for a substantive mental health problem.'

They go on to write:

'[7] is Mr B suffering a medical illness that is currently preventing a return to work?

Following on from what I say above, I do not believe the medical evidence, considered as a whole, supports a conclusion that Mr B is formally ill in a disabling way.'

Mr B strongly disputed the conclusions reached by the psychologist and provided further comments to be considered. Zurich passed this information onto the psychologist, but the psychologist said they hadn't seen any new information which would alter their opinion on Mr B's clinical presentation.

Whilst Mr B's GP has said they didn't think Mr B could return to work, the psychologist is a specialist in the field, and is independent, so I find their opinion to be particularly persuasive. And whilst I know Mr B has said the psychologist only spoke with him for around 45 minutes, in a personal statement to Zurich following his appeal, he said his GP only spent five to ten minutes dealing with him. Overall, I'm satisfied it was reasonable for Zurich to rely on the opinion provided by the independent psychologist when reaching its decision to decline Mr B's claim

I know Mr B strongly disputes the psychologist report and has reported them to the HCPC. However, no conclusions have been reached in regard to this. And so, I'm not persuaded that at this stage there's evidence to say the psychologist has acted in a way that's inappropriate, or that their clinical opinion should be dismissed or ignored by Zurich.

Mr B has said Zurich hasn't carried out a functional assessment of his job role when deciding whether he can carry out the material and substantial duties of his occupation. However, the psychologist has been clear in their conclusion that they don't consider Mr B to be formally ill in a disabling way. So, I think it's reasonable for Zurich to ultimately conclude Mr B hasn't demonstrated he's met the policy definition of incapacity.

I naturally empathise with Mr B as it's clear he's been through a very difficult period. However, for the reasons I've explained, I think Zurich has appropriately taken into consideration all of the medical evidence available to it and has fairly declined Mr B's claim.

My final decision

For the reasons I've outlined above, I don't uphold Mr B's complaint about Zurich Assurance Ltd.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 2 February 2026.

Andrew Clarke
Ombudsman