

The complaint

Miss I complains because Legal and General Assurance Society Limited ('L&G') hasn't paid her income protection insurance claim.

What happened

Miss I is insured under a group income protection insurance policy, provided by L&G.

Miss I was absent from work due to sickness and made a claim with L&G. L&G said the claim wasn't covered because it didn't think Miss I satisfied the policy definition of 'incapacity'.

Unhappy, Miss I made a number of complaints to L&G, presenting it with new medical evidence each time. Miss I also complained about the actions of L&G's Chief Medical Officer ('CMO') in writing to her doctors. L&G issued three final response letters to Miss I, maintaining its decision to decline her claim. Some of these final response letters were issued after Miss I had already referred her complaint to our Service but L&G agreed to our consideration of all the events and evidence under this complaint reference number.

One of our Investigators looked into what had happened and said she didn't think L&G had acted fairly and reasonably by declining Miss I's claim. She recommended that L&G should pay Miss I's claim from the end of the policy's deferred period until Miss I returned to work, together with interest and a payment of £500 compensation for the distress and inconvenience caused.

Miss I accepted our Investigator's opinion, but L&G didn't, so the complaint has now been referred to me to make a decision as the final stage in our process.

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.

Industry rules set out by the regulator say insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules, alongside other relevant considerations such as Consumer Duty principles, into account when making an independent and impartial final decision which I think is fair and reasonable to both parties in the circumstances.

I'm not a medical expert, so it's not my role to reach my own conclusions about Miss I's medical conditions. Instead, I've weighed up the available medical evidence to decide whether, on the balance of probabilities, I think L&G acted unfairly and unreasonably when relying on this information to turn down Miss I's claim.

This policy pays a benefit if Miss I met the policy definition of 'incapacity' throughout, and beyond, the relevant deferred period from the date of her first absence from work. So, in order for a claim to be successful, Miss I needs to provide evidence to show it's likely she was:

'incapacitated by illness or injury that prevents [her] from performing the essential duties of [her] occupation immediately before the start of the deferred period'.

It's not in dispute that workplace stress triggered Miss I's absence from work. I wouldn't generally expect an income protection insurance policy to pay a benefit for absence from work which was solely caused by workplace stress. However, I'm not satisfied based on the totality of the evidence I've seen that Miss I's absence from work was solely caused by workplace stress.

Instead, I think it's likely workplace stress led to a deterioration in Miss I's pre-existing mental health condition. I'm also satisfied it's likely this prevented Miss I from performing her occupation from the date of her first absence until she returned to work. I'll explain why.

The medical evidence

I should explain to Miss I at the outset that 'Statements of Fitness for Work' from a GP are, alone, not usually sufficient evidence to demonstrate that a person meets the definition of 'incapacity' under an income protection insurance policy. Although such certificates do carry evidential weight, they usually contain (and, indeed, are often based on) limited information. The threshold for a GP to issue such certificates is not necessarily the same as the policy requirements for an income protection insurance claim to be paid.

So, I've reviewed the other available medical evidence in this case to decide what I think is fair and reasonable in the circumstances. I've carefully considered all the information I've been provided with, but I've only set out the key evidence which I've relied on in reaching my final decision.

Miss I's GP records show she has pre-existing bipolar disorder and when she first consulted a GP about the events connected to this claim in September 2024, Miss I said she was aware she was *'getting towards hypomania now'*. Miss I subsequently said she thought she was having a manic episode and was referred to the community mental health team. GP notes from the end of September 2024 give Miss I's suspected diagnosis as *'Bipolar Affective Disorder'*.

In early October 2024, Miss I was seen by an Advanced Clinical Practitioner trainee ('ACP') on behalf of a mental health team who recorded the following impression:

'Relapse in mental state, currently appears she is having manic episode'

Miss I was reviewed by a Consultant Psychiatrist on 14 October 2024, and his impression was recorded as follows:

'Her current presentation is not in keeping with 'mania' and could be explained by burn out relating to work...'

Just over a week later, Miss I contacted her GP again, who commented there was *'still some concern re: hypomania.'* The GP said she would contact the community mental health team to see if they could offer any follow-up to Miss I as she was a *'complex patient'*.

Although this isn't medical evidence, a subsequent email from Miss I to the ACP set out a detailed timeline of the lead up to her absence from work and questioned the Consultant Psychiatrist's conclusion. In particular, Miss I said:

'Whatever the psychiatrist says about his 'impression' being that the 'current

presentation' ... was not in keeping with mania, I was certainly manic in the 4-5 weeks leading up to then.'

A report from the ACP dated mid-November 2024 sets out a detailed description of Miss I's reported symptoms and recorded the following:

'Improving in mental state. No manic symptoms currently.'

I've seen two medical reports from December 2024. The first is L&G's Vocational Clinical Specialist's ('VCS's') report dated 5 December 2024. This notes Miss I as feeling that her manic episode has been ending since the end of November 2024 but concluded that even if any perceived workplace stressors were removed, Miss I *'could not do her role with her symptoms as they are.'* The report went on to say:

'Considering the evidence and information available to date and based on the member's reporting today, in my clinical opinion she is unfit to return to work in her insured role...

I note that the members psychiatrist is reporting she is experiencing burnout, however this seems to have triggered a manic episode as she is also living with bi-polar disorder which is an established diagnosis and for which she is on medication.'

A report from the ACP dated 29 December 2024 referred to Miss I as having said work could make her ill and, following a discussion with the ACP's supervising psychiatrist, recommended an increase in medication prescribed for rapid mood fluctuations.

Further VCS and ACP reports were written in January 2025. This VCS report again concluded that Miss I's symptoms were preventing her from returning to work and noted Miss I was engaging with treatment, seemed motivated to return to work and that the medical evidence was consistent with her reporting. The ACP report refers to managing colleagues and situations at work adding to Miss I's stress and detailed some of Miss I's ongoing symptoms. The ACP report concluded by referring Miss I for a medication review and further monitoring of her mental health *'due to ongoing mood fluctuations, increased anxiety...'*

The next report I've been provided with is from the VCS dated 6 March 2025, which is the same month the policy's deferred period ended. This report stated:

'Considering the evidence and information available to date and based on the member's reporting today, in my clinical opinion she is unfit to return to work in her insured role...

It is important to note that there are work related and personal life stressors in this case however this seems to have triggered a deterioration of her mental health which is an established diagnosis and for which she is on medication. She is now awaiting another psychiatrist referral for a medication review due to the ongoing issues she is facing which in my view, suggests the picture is clinical...

...

She still remains motivated to return to work and previously reported that she would like to aim to do this by mid-2025.'

At this point, L&G sought the opinion of its CMO who said:

'In this case, the evidence confirms the member's absence has been precipitated by work-related stress and burnout, triggered by reported excessive workload and pressure. Her ongoing absence is perpetuated by avoidance of the workplace environment and unresolved occupational stressors, rather than disabling illness or injury.'

The CMO noted Miss I's contemporaneous clinical assessments recorded her as calm, pleasant and euthymic and that Miss I's medication which was increased was a long-term maintenance treatment with no inherent occupational exclusion implications. In conclusion, the CMO said:

'There is no clear therapeutic rationale or medical justification for total exclusion from work and no obvious momentum to resolve the reported work-related triggers. There is insufficient evidence to support illness or injury of sufficient severity to result in incapacity relative to the demands of the member's own occupation at any employer throughout the deferred period and beyond, in my opinion.'

L&G's CMO wrote letters to Miss I's GP and the Consultant Psychiatrist who had reviewed Miss I on 14 October 2024, outlining his opinion. And Miss I's claim was declined on this basis.

Miss I subsequently provided L&G with a report from a Specialist Doctor dated 4 April 2025 giving a diagnosis of 'BPAD – currently manic' and referring to a relapse in September 2024. The report recorded Miss I as 'having reasonable insight and believes she is unstable. She wants to be stable before returning to work.' Miss I was then prescribed anti-psychotic medication.

L&G's CMO reviewed this report and concluded 'There is insufficient contemporaneous medical evidence of disabling psychiatric illness...The retrospective report by a non-consultant doctor does not alter that...and the suggested condition is not associated with marked occupational impairment...there is no formal diagnostic formulation or clinical indication that the member was or is considered unfit to work.' By this time, Miss I had returned to work, which in her view was as a result of the anti-psychotic medication taking effect.

Miss I subsequently provided a letter from her Consultant Psychiatrist following an appointment in October 2025. The letter refers to Miss I as having 'made significant progress since April 2025 when she was acutely unwell and unable to function at work.' Miss I also provided a letter from her GP dated October 2025 stating:

'This patient was off sick from work due to bipolar disorder from Sep 2024 to May 2025. This patient was unable to work as she was unable to concentrate, having problems completing complex tasks, poor memory, mood swings, anxiety, risk taking, doing a million things at once, racing thoughts due to her bipolar disorder.'

L&G reviewed this additional medical evidence but maintained its stance about the claim, in particular saying the Consultant Psychiatrist's letter didn't provide an objective medical view that Miss I would have been clinically unfit for work.

L&G's decisions to decline Miss I's claim

Overall, I don't think L&G acted fairly or reasonably in the circumstances by repeatedly declining Miss I's claim.

I think L&G placed excessive reliance on the comments of the Consultant Psychiatrist during

the review of Miss I on 14 October 2024. While I would generally consider the opinion of a Consultant to carry significant persuasive weight, there is a volume of other evidence in this case which it would be reasonable to also have regard to.

Miss I says the Consultant Psychiatrist's comments were based on a short one-off conversation where no medical history was taken and/or no mental state examinations were carried out. This Consultant Psychiatrist wasn't Miss I's treating doctor. An email from Miss I to the ACP following the Consultant Psychiatrist's review sets out her concerns in this regard and says she initially *'happily latched on to the idea that this wasn't a Bipolar relapse because this would mean I didn't need new meds.'*

I've taken into account the background to and context of the Consultant Psychiatrist's review that Miss I has described and the overall timeline of events both before and after the review took place. Having done so, I'm satisfied that the totality of the other medical evidence in this case (specifically the various VCS and ACP reports, the Specialist Doctor's report of April 2025 and the reports from October 2025) is more persuasive than the comments of the Consultant Psychiatrist from 14 October 2024.

I've also taken into account L&G's CMO's comments but, again, I find the totality of the other medical evidence in this case to be more persuasive. I haven't seen evidence which would lead me to find the conclusions made about Miss I's work relationships, work stressors and/or her motivation to return to work convincing. While I note what the CMO has said about the qualifications of the ACP and the Specialist Doctor, these individuals do have some specialist expertise in mental health. While I understand L&G says particular medical conditions may not be associated with marked occupational impairment, I'd expect L&G to consider the specific medical evidence available when making a decision about an individual claim.

I note L&G's comments about the content of some of the medical reports (in particular the use of the word 'suggestive' in the April 2025 report). However, I think the evidential bar which L&G is purporting to apply here is higher than I would consider fair and reasonable in the circumstances. Miss I's bipolar disorder, by its nature, is likely to involve a significant degree of self-reporting of symptoms. L&G had two opportunities to arrange for an independent medical examination of Miss I if it wished to do so.

I note Miss I had a neurodiversity assessment during the deferred period, but I don't think that's relevant to the outcome of the complaint.

Overall, I think Miss I has been consistent, plausible and persuasive in her description of the events which took place and in the detailed recording of her symptoms in her contact with her GPs. Miss I has provided detailed explanations about her general presentation and behaviour during periods of hypomania, as well as a significant amount of supporting information about the effect the symptoms of bipolar disorder and/or hypomania have on her. While this might not be what L&G considers as objective medical evidence, this is all information about Miss I's individual circumstances which I'd expect L&G to take into account when making a decision about the claim.

I've seen consistent descriptions of Miss I's symptoms in her medical records. Miss I's GP's most recent letter of October 2025 confirms these affected her ability to work. And three separate contemporaneous VCS reports reached a conclusion that Miss I was unable to carry out her occupation because of her symptoms. I don't think Miss I's ability to carry out certain daily tasks means she didn't meet the policy definition of 'incapacity'.

While there are some gaps in the medical evidence in this case, and while I think it's reasonable to conclude Miss I's medical condition was in a state of fluctuation during the

relevant time, overall, I'm satisfied that the totality of the evidence in this case means it's likely Miss I met the policy definition of incapacity. So, L&G must pay her claim.

L&G's handling of Miss I's claim

I think L&G's repeated rejection of Miss I's claim was unfair and unreasonable in the circumstances. I'm satisfied this had a considerable and significant impact on Miss I, lasting many months at what was already a very difficult time for her, mentally and financially.

L&G was entitled to correspond with Miss I's medical professionals if it wished and its preference to release information to the GP rather than the Consultant Psychiatrist wasn't unreasonable. However, based on the circumstances of this particular case, it's unclear to me what the purpose or aim of this correspondence was. I think L&G's actions in this regard led to Miss I experiencing further distress and inconvenience, which could perhaps have been avoided. I understand Miss I feels strongly about what happened, but L&G hasn't said Miss I was lying and L&G isn't required to disclose the qualifications of its CMO to her.

Overall, I think a payment of £500 compensation would be fair and reasonable in the circumstances for the impact of L&G's actions on Miss I.

As a final point, Miss I mentioned L&G's failure to provide documents in response to a subject access request. This didn't form part of the original complaint made to L&G, so I haven't considered it. If Miss I is still unhappy about this then she would need to raise a separate complaint.

Putting things right

Legal and General Assurance Society Limited needs to put things right and do the following:

- pay Miss I's claim in line with the remaining terms and conditions of her policy:
- add interest to the claim payments at 8% simple per annum from the date each claim payment was due until the date the settlement is paid:
- pay Miss I £500 compensation for the distress and inconvenience she experienced.

Legal and General Assurance Society Limited must pay the compensation within 28 days of the date on which we tell it Miss I 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 simple¹.

My final decision

I'm upholding Miss I's complaint about Legal and General Assurance Society Limited, and I direct it to put things right in the way I've outlined above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss I to accept or reject my decision before 17 March 2026.

Leah Nagle
Ombudsman

¹ If Legal and General Assurance Society Limited considers that it's required by HM Revenue & Customs to deduct income tax from that interest it should tell Miss I how much it has taken off. It should also give Miss I a tax deduction certificate if she asks for one so she can reclaim the tax from HM Revenue & Customs if appropriate.