

## **The complaint**

Ms M is unhappy that Legal and General Assurance Society Limited have declined a claim she made on her employer's group income protection scheme.

## **What happened**

Ms M claimed on the policy when she was experiencing a range of symptoms which impacted her mental health. That included symptoms of anxiety, agoraphobia and cognitive problems.

Legal and General declined the claim as they didn't think the medical evidence supported that Ms M was unable to work. Ms M appealed but Legal and General maintained their decision was fair. Unhappy, Ms M complained to the Financial Ombudsman Service.

Our investigator looked into what happened and didn't uphold the complaint. She thought that Legal and General had acted reasonably based on the information presented during the claims process.

Ms M asked an ombudsman to review the complaint. In summary, she thought the medical information provided demonstrated she was unable to work and that it was unclear what else she needed to provide to evidence that she couldn't work. So, the complaint was referred to me to make a 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.

The relevant rules and industry guidelines say that Legal and General have a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

It's for Ms M to demonstrate that she has a valid claim on the policy. The policy terms and conditions explain that in order to claim on the policy the definition of incapacity must be met. In this case the relevant definition of incapacity is 'own occupation'. That's defined as:

### **Own occupation**

Means the insured member is incapacitated by illness or injury that prevents him from performing the essential duties of his occupation immediately before the start of the deferred period.

The insured member's capacity to perform the essential duties of his own occupation will be determined whether or not that occupation remains available to him.

I have a lot of empathy for the circumstances Ms M has described. I appreciate that it's been a very difficult time given the symptoms she's described. However, I'm not upholding this complaint because:

- I don't think the medical evidence clearly demonstrates why Ms M was unable to carry out the essential duties of her occupation. The evidence provided does refer to some of the symptoms Ms M was experiencing. However, I don't think it clearly explains how they specifically impacted her ability to carry out what was required at work.
- I appreciate that Ms M was signed off by her GP, who has also provided information about how Ms M was feeling. However, being certified as unfit to work by a GP doesn't automatically mean that the policy benefit becomes payable. It's still subject to the terms which I've outlined above.
- The GP's evidence did refer to Ms M struggling with concentration, focus and decision making. But the commentary doesn't give a meaningful insight into why this was. And, I also don't think this commentary was clearly reflected in the contemporary GP notes.
- Ms M also saw a Vocational Clinical Specialist. He did note that there did appear to be some workplace stressors which were impacting Ms M. And, his conclusions were predominantly based on Ms M's reporting of her symptoms and abilities.
- I think it was reasonable for Legal and General to place more weight on the Chief Medical Officer's (CMO) report. This concluded that there was insufficient evidence of illness to a severity which supported the definition of incapacity being met. This followed a comprehensive review of the evidence supplied. In reaching that conclusion the CMO noted that Ms M was able to work at home and that her treatment could continue whilst she did so. I appreciate that Ms M is now required to go into the office but I think the CMO reasonably concluded that her employer could offer adjustments at the relevant time.
- I appreciate that Ms M feels other medical opinion has been discounted and that Legal and General ought to have instructed an independent psychological review. That's not something they are required to do and depends on the specific circumstances of the claim. In this case, based on the medical evidence presented, I don't think this was something Legal and General needed to do.

### **My final decision**

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms M to accept or reject my decision before 8 May 2026.

Anna Wilshaw  
**Ombudsman**