

complaint

Miss F's unhappy with how Unum Ltd dealt with a claim made under a group income protection insurance policy. She feels Unum didn't provide her with support while considering the claim and failed to respond to her questions. She also believes Unum didn't make reasonable adjustments to support her in regards to its policies and practices, which she says breach the Equality Act 2010. Miss F said it failed to record data correctly and she'd like Unum to change its policies and practices, and train its staff differently.

background

The policyholder made a claim under the policy to Unum on behalf of Miss F. When she complained to us, Unum was still assessing the claim. It has since turned the claim down.

In response to the complaint, Unum explained to Miss F that part of its assessment process required a consent form to be completed. On receiving the form from Miss F, Unum noticed she had made a number of alterations to it, which meant it couldn't go on and assess the claim. When Miss F later returned an unaltered consent form to Unum, she said she had signed it under duress. Unum told Miss F it couldn't accept the form as her consent hadn't been freely given. It explained to Miss F that data protection laws required it to get her explicit consent for processing sensitive information.

Miss F also had concerns about Unum releasing information to her employer. Unum explained that, as the employer was the policyholder, the policy belonged to it and Unum needed to keep it updated regarding the claim.

Unum told Miss F it would carry on processing the claim, which would include requesting information to support it, but couldn't do so without a valid consent form. It suggested Miss F complete another consent form. If she needed further advice about this, Unum said she could contact it or get independent help (for example, from Citizens Advice).

As Miss F didn't agree with Unum, our adjudicator looked into her complaint. In his assessment of September 2015, he explained to Miss F that claiming under an income protection insurance could sometimes be lengthy and involved. He accepted, given Miss F's ill health, that she had found the process difficult. But he said, like other insurers, Unum had a process in place which it uses to assess complaints, and he couldn't make it change its process, or the way it trains its staff. Overall, the adjudicator didn't think Unum had acted unfairly or unreasonably.

Miss F disagreed with the adjudicator's findings so the complaint was passed to me to review afresh.

my findings

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

I can see that Miss F feels her employer hasn't treated her well, although that's a matter – one between employer and employee – I don't have any powers to investigate. I should also explain that this service doesn't regulate financial businesses and we can't punish or fine them.

Instead, we aim to look at individual complaints informally and to put things right for consumers if the business is at fault for them having gone wrong. So, in this case, I've looked at how Unum has treated Miss F in relation to the claim.

Unum's decision on the claim

Miss F feels the claim had no prospect of success for a number of reasons, including that she wasn't a member of the group scheme and that the policyholder didn't claim in time.

I won't discuss the outcome of Unum's assessment of the claim in this decision, because that didn't form part of Miss F's complaint to us when she made it. But it's open for Miss F to complain to Unum about it in the first place, if she wishes to and hasn't already done so.

Unum's handling of the claim

Essentially, I don't think Unum has been unfairly demanding of Miss F or anyone else in relation to the claim. Miss F says Unum hasn't made reasonable adjustments in dealing with her in line with equality legislation. But I believe it's done its best to communicate with her clearly, concisely and promptly. I think it's given her reasonable opportunity to respond to its questions and information requests. And that it, in turn, has tried to answer her questions.

Most, if not all, insurers such as Unum will have processes to be followed when a claim's made. That's an approach that can help ensure fairness and provide a consistent level of service. I agree with Miss F in that there will be times where it wouldn't be appropriate to rigidly stick to certain rules just for the sake of it. Not if that would mean, for example, causing a consumer undue hardship that could easily be avoided.

That said, and despite Miss F's clearly very strong feelings about Unum, I don't believe it's mis-treated her. Either in terms of equality laws, data protection laws or the Financial Conduct Authority's (FCA) treating customers fairly initiative, as she's said. For example, Miss F felt it was easiest for her to continue contacting Unum's chief executive about her complaint. Even though Unum explained its chief executive had asked that Miss F deal with the parts of the business that were handling her complaint. I don't think contacting Unum in the way it had asked her to amounted to discrimination or a breach of the law.

Miss F also asked Unum to meet the cost of her GP providing the information Unum wanted to assess the claim. Unum agreed to do so.

Even if I'd found Unum hadn't acted in line with any of the above, as I say I can't punish or fine Unum. Nor could I require it to change its practices. I could ask it to pay Miss F compensation but, for the reasons I've explained, I've decided not to do that in the circumstances.

As the adjudicator has already explained, Miss F might want to contact the Information Commissioner's Office regarding the specific data protection issues she's raised.

my final decision

For the reasons given, I've decided not to uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss F to accept or reject my decision before 18 February 2016.

Nimish Patel
ombudsman