



**A guide to
Group Protection
customer Appeals
& Complaints**

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Our number one priority is to provide you with the highest level of customer service; however, we know that sometimes things can go wrong. If there's a problem, please let us know and we'll try to provide a solution as quickly as possible. We take complaints very seriously. Customer feedback helps us understand where things have gone wrong and gives us the opportunity to put them right.

This guide explains how we deal with Appeals & Complaints and how to refer a complaint to the Financial Ombudsman Service if you're unhappy with the final response.

A clear pathway for you

Employer

If you're not happy with our service, please speak to your usual contact who will try and resolve the issue for you immediately. If you're not happy with a claims decision, you can submit an appeal with new or relevant medical information in support of the claim to your usual contact or by submitting this information to the Chief Medical Officer using the claims reference on your original decision letter.

Please note: If new medical evidence is not submitted or there is no intention to provide further medical evidence within 30 days of the date you notified us of your intention to appeal the claims decision, we'll issue a final response based on the original claims decision.

Contact details for Appeals & Complaints

- Email: groupprotection.benefitsmanagement@landg.com
- Postal: [Please address to Legal & General Assurance Society Limited, Group Protection, Four Central Square, Cardiff, CF10 1FS](#)
- Phone: [0345 026 0094](tel:0345 026 0094)

Our process

1. Acknowledging your Appeal or Complaint

In all cases, we'll write or email you confirming we have received your Appeal or Complaint within 5 working days of its arrival.

2. Updates

2.1. Appeals: We'll keep you regularly updated on our next actions whilst we're reviewing the appeal submitted. We'll also tell you if we need to request further medical evidence and why we're taking any proposed actions. We aim to resolve all appeals within 45 days. This is applicable from the date we receive the information.

2.2. Complaints: While we're investigating your complaint, we'll follow FCA guidelines and endeavor to resolve the matter within 8 weeks of the complaint notification. If we're unable to meet these timescales, we'll explain why the complaint remains unresolved and inform you of your right to refer the matter to the Financial Ombudsman Service (FOS) if you're eligible to do so.

3. Our Final Response

Once we have completed our review of an appeal or complaint, we will provide you with a Final Response Letter which will detail:

- The outcome of the appeal/complaint
- Responses to each issues raised in your complaint
- Responses to the medical evidence received in your appeal
- How we came to our decision
- Financial Ombudsman Service (FOS) Rights

Please note

While our Final Response Letter ends Legal & General's Appeals & Complaints process, we will fully co-operate with the Financial Ombudsman Service (FOS) if your employee chooses to refer the matter to them.

- Your employee must refer any complaint to the Financial Ombudsman Service (FOS) within 6 months of the date of the Final Response Letter.

Details for The Financial Ombudsman Service

The Financial Ombudsman Service is a free service that is accessible to members and micro-enterprises to resolve disputes fairly and impartially and is independent of Legal & General.

As an employer the Ombudsman can be contacted if you are unsure as to whether you are a micro-enterprise, but you can also contact our offices for any query or concern you wish to raise with us directly.

Their Contact Details are:

Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Telephone: [0800 023 4567](tel:08000234567)

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

For more information about our Group Protection business, please visit:

legalandgeneral.com/groupprotection

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