

Insurance policies after brain injury



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Introduction

After a brain injury (or any serious injury), it is important that the injured party or their family checks for any insurance policies there are in place. This publication has been written to explain what types of insurance policies can be useful in the event of a serious brain injury and how to arrange making a claim.

What are insurance policies?

Insurance policies are contracts that people can hold with companies through which they will be financially covered in the event of an accident or illness, in return for agreeing to the terms of the policy's contract. Many people take insurance policies out for their health, household goods, mobile phone or travel.

Policies that can be helpful in the event of brain injury-related illness or injury (depending on circumstances) include:

- **critical-illness insurance** - can provide a lump sum payment in the event of critical illness such as stroke, brain tumour, coma or traumatic brain injury.
- **personal injury or illness insurance** - can provide payment in the event of being unable to work due to an accidental long-term illness or disability and for the actual injury itself
- **travel insurance** - can provide financial protection in the event of something going wrong while on holiday, such as sustaining an injury or illness
- **income protection insurance** - can provide regular income in the event of being unable to work due to sickness or disability
- **payment protection insurance** - can provide payment to help with covering the cost of debt, loans and mortgage payments in the event of serious injury or illness.

Such existing policies can help to cope with the financial impact of brain injury.

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What to do first

The first step is to check all insurance policy documentation, or to contact the insurer or broker if you cannot find the relevant documentation. It is important to do this as soon as possible, as claims are often subject to strict time limits set out within the policy document. You should also check the terms of the policy in detail to make sure that it covers your circumstances.

The insurer will provide a claim form and may require the claimant (i.e. the brain injury survivor) to undergo a medical assessment/ exam before a decision is made. They will also likely request reports from medical professionals to get details about the brain injury and its impact.

What if the claim is refused or reduced?

If the claim is refused by the insurance company, or a reduced amount is rewarded, you should first check the insurance policy terms to be certain of what the policy should be covering. For example, you may be trying to make a claim for a critical illness policy, when the policy states that it does not cover your specific type of brain injury.

If you still want to make a complaint, you should contact the insurance company. It can be helpful to do this in writing, so that you can keep dated copies of your contact with them. This is especially helpful if you are a brain injury survivor making a complaint and you have difficulties with your memory or organisational skills. Consider keeping a separate, clearly labelled folder for all paperwork relating to your claim.

If you are not satisfied with the company's response, you should follow their complaints procedure. You can ask them where to find out about their procedure, check their website, or refer to paperwork you have already received from them.

Undergoing a complaints process can be a stressful experience. Get support from family and friends that you trust through this time. Remember that you can also call our helpline for support.

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If you are still unhappy with the decision, you can make a complaint to the Financial Ombudsman Service. This is an independent and impartial service which aims to settle disputes between businesses and their customers.

The Financial Ombudsman Service will not accept a complaint until the insurance company's own complaints procedure has been followed to completion.

A complaint to the Financial Ombudsman Service must be made within six months of the date of the final response from the insurance company.

If the consumer accepts the Ombudsman's final decision before the set deadline, the decision becomes legally binding. This means that the organisation at fault is legally required to do whatever the Ombudsman tells it to do to put things right for the consumer, even if the organisation disagrees with the Ombudsman's decision. The consumer does not have to accept the Ombudsman's decision if it is not in their favour. In this case, the decision is not legally binding and the consumer is free to make a claim through the Courts (although the consumer should note that time limits and other restrictions may apply).

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If you would like to leave feedback for this publication, please consider completing our short survey at www.surveymonkey.co.uk/r/hwpublications or contact us at publications@headway.org.uk.

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