

Claim appeal process

About the appeal

If a claim has been declined and this decision is disputed, the dispute mechanism is referred to as an 'appeal'.

An appeal is, most often, made in writing but can also be received by e-mail or by telephone.

Communication of the appeal process

When a claim has been assessed by one of Canada Life's Claims Assessors and subsequently been declined, the Claims Assessor will contact the policyholder, or the policyholder's representative, to notify them of the decision.

- An explanatory declination letter will be issued to the policyholder or the policyholder's representative, explaining the reasons behind the decision in as much detail as possible.
- The declination letter will also provide details of how an appeal against this decision can be made. Any appeal will require supporting evidence and should be submitted within 6 months of the date of declination.
- On receipt of an appeal, the claim will be reviewed by two members of the Appeals Panel. The Appeals Panel will comprise a minimum of one senior manager and one director.
- The final decision of the Appeals Panel will be advised to the policyholder or the policyholder's representative, in writing, by the Life Claims Team.
- Should a declination be upheld, the written correspondence upon conclusion will confirm that the Appeals Panel decision is the 'final decision on the case'. Full Financial Ombudsman Service (FOS) details and supporting literature will be provided for eligible complainants.

Our forms are available to download from our website: www.canadalife.co.uk/group

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