

## Whistleblower accuses CBA of pressuring doctors to avoid claims

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 CommInsure is under fire for treating vulnerable customers poorly. Michael Clayton-Jones

Reported by: James Evers

The former chief medical officer of Commonwealth Bank of Australia's life insurance division has pointed to a culture where doctors are pressured to alter or delete medical records and opinions to allow CBA to avoid paying claims.

CBA's insurance division CommInsure has also failed to pay out the claims of two of the bank's former staff members, who were too sick to work at the bank but were told they should be able to work somewhere else.

A Fairfax Media-Four Corners investigation, broadcast on Monday night, has highlighted a disjunct between CBA's public proclamations of its commitment to ethics and how it treats some of its most vulnerable customers in practice.

CBA chief executive Ian Narev, who appeared on the program, described CBA's culture as "one with the customer at the centre of what we do" and said the claims raised by the investigation "would be completely inconsistent with the culture that we are building at the Commonwealth Bank and inconsistent with the way that we run the bank".

Four Corners interviewed Benjamin Koh, formerly the chief medical officer of CommInsure, who was sacked in August 2015 after raising allegations internally about bullying of medical and legal experts by claims managers or assessors, including asking doctors to change their opinions that ran counter to a claim strategy.

"They were quite blatant about it ... can you please change it or delete it so that we can go to someone else to provide another opinion that's more favourable," Dr Koh said.

"I was never naive to the fact that big business is about profits. But I think I'm a little bit disappointed when it's profit at all cost."

When it comes to ethics, Dr Koh said CBA "talk the talk but I've yet to see them walk the walk".

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Outdated medical threshold

The Fairfax Media-Four Corners investigation revealed on Saturday that CommInsure had engaged in other unethical behaviour including not paying out heart attack victims based on a technical and outdated medical threshold. CBA said on Saturday that it would update the definition "as soon as possible".

Four Corners on Monday night interviewed Helen Polydoropoulos, a former customer service representative at CommInsure until late 2011, when she became sick with multiple sclerosis.

She was advised by CommBank's chief medical adviser to make a claim for "total and permanent disability" but it had been rejected by CBA; she has been forced to take proceedings against the bank in the NSW Supreme Court.

"I feel like they've taken the piss out of me, I guess," she told the program. Mr Narev said her story was "an unacceptable outcome for a customer and we'll put it right".

Another CommInsure customer, IT consultant Evan Pashalis, described how he has been denied a payout after being struck down by leukaemia in November 2014. Mr Narev said he felt sorry for Mr Pashalis and would apologise to him personally "so I can make sure I understand at a human level exactly what he's gone through".

CommInsure has more than 4 million policyholders, which many held through superannuation funds such as CARE, Kinetic and HESTA.

After the experiences of CommInsure customers were first detailed in Fairfax Media on Saturday, the Australian Securities and Investments Commission said it would investigate allegations that heart attack victims were being denied life insurance coverage due to the outdated definition.

Senator John Williams has also extended the terms of reference into a Senate financial services inquiry which will now examine standards in the life insurance industry.

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